



**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:	Castletownbere Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Castletownbere, Cork
Type of inspection:	Unannounced
Date of inspection:	29 November 2021
Centre ID:	OSV-0000601
Fieldwork ID:	MON-0034882

About the designated centre

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

Castletownbere Community Hospital was established as a residential centre in 1932. The building is single-storey and it was originally a former coastguard station. It is managed by the Health Service Executive (HSE) and provides long stay, respite, community support and palliative care for the local community. The centre is registered to accommodate 31 residents, male and female aged 18 to 65. The main entrance opens into a small conservatory type sitting room facing out to a view of the harbour. There is a reception office in the hallway and the corridor leads to the bedrooms, toilets and showers, chapel, nurses' station, treatment room, kitchen and staff facilities. Residents are accommodated in three four-bedded rooms, two three-bedded rooms, four two-bedded rooms, and five single rooms. En-suite wash toilets and showers are available in all rooms with the exception of one single room. There is an assisted toilet with wash hand basin and shower located directly across the hall from this room. The external grounds are well maintained with ample car parking facilities. Nursing care is provided on a 24-hour basis and is led by the person in charge who works full time in the centre. She is supported in providing care by a team of nurses, health care assistants and allied health professionals including a medical officer. A range of social and recreational activities are provided for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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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
Monday 29 November 2021	09:30hrs to 16:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

The overall feedback from the residents living in Castletownbere Community Hospital was extremely positive about the care provided and the kindness of staff. The Inspector met with all 16 residents living in the centre on the day of this inspection, and spoke with six residents in more detail, in order to gain an insight into their experiences of life in the centre. Overall, residents reported that they enjoyed living in the centre and that the staff were always very nice and attentive. It was evident that staff knew the residents very well, and were familiar with the residents' daily routines and preferences, for care and support.

The Inspector was welcomed to the centre on arrival and completed the infection prevention and control measures in place. All visitors to the centre completed these measures, which included a temperature check, hand hygiene, completion of a questionnaire and face covering, before entering the centre. Following an opening meeting with the person in charge, the Inspector was accompanied on a tour of the premises.

Castletownbere Community Hospital is a designated centre for older people which provides care for both male and female adults, with a range of dependencies and needs. The centre is situated in a rural location in West Cork, in the coastal town of Castletownbere. The centre is a single storey facility. Previous inspections of this centre had found that there was a lack of dining space, communal space, rooms to receive visitors and facilities for residents to store their personal possessions. The Inspector saw that the centre had been extensively refurbished and upgraded, since the previous inspection, and residents now had additional communal space which included a new sitting room, a dining room, a visitors room and two accessible outdoor areas. The Inspector saw that the final phase of internal decorating of the centre was still in progress, and painting to the corridors was taking place on the day of this inspection. It was evident that that the structural additions and upgrades to the premises had brought about significant improvements to the residents quality of life, making the centre a more pleasant place to live.

The centre is registered to accommodate 20 residents. Capacity had been reduced to facilitate the new extension and refurbishment project. and The provider was in the possess of applying to increase this to 31 registered beds. Bedroom accommodation in the centre comprises of three four bedded rooms, three triple rooms, three twin rooms and five single rooms, all of which have en suite facilities. Bedrooms had been reconfigured as part of the refurbishment project, and they all now had ceiling hoists, individual flat screen televisions and new double wardrobes. Residents spoke positively about their bedroom accommodation and the space they were afforded. The Inspector saw that some bedrooms were personalised and contained family pictures, soft furnishings and memorabilia. One resident had a computer table and book shelf as they were an avid reader.

The Inspector observed residents enjoying the new communal spaces on the day of

this inspection. The sitting room was bright and spacious and overlooked Castletownbere pier, where fishing boats could be seen, as well as Bere Island across the water. Residents told the Inspector they loved looking out towards the water and loved the new space. The sitting room opened out onto a raised balcony area where residents could sit out. Some residents told the Inspector that they had really enjoyed this new outdoor space over the previous summer, and were brought out frequently by staff. The communal areas in the centre were first used by residents in May 2021, and there were further plans for decorating the walls with art and murals, with the aim of making them more homely.

Residents were observed using the new dining space in the centre, which also had views onto the sea. Prior to this new addition to the premises residents did not have access to dining facilities in the centre and therefore had their meals beside their bed. The Inspector saw that residents were offered a choice at meal times and stated they were satisfied with the food provided. There was appropriate levels of staff during the mealtimes, and staff were knowledgeable about the residents' various dietary needs and preferences. However, the Inspector noted that the main dinner was served very early, which is discussed further under Regulation 18. The Inspector saw that throughout the day residents had access to snacks and drinks, and residents confirmed to the Inspector that they could request tea and snacks at anytime. Some residents chose to remain in their bedrooms for dinner, and this choice was respected. .

The Inspector observed that there were no activities for residents until two o'clock in the centre. Residents were observed for long periods of time with minimal stimulating activity prior to this time. At two o'clock two members of the care staff were allocated time to do an activity with residents, which on the day of this inspection was a game of bingo. The Inspector saw that seven residents attended the bingo where staff assisted them as required. Prizes were given out and there was good engagement and interaction between staff and residents during this time. Some residents with more complex needs remained in their bedroom for the day. One resident told the Inspector there "was not much to do some days".

The Inspector observed throughout the day of this inspection staff communicating respectfully with residents. Many of the staff had worked in the centre for over 15 years and were dedicated to the care of the residents living in Castletownbere Community Hospital. From conversations with staff it was evident that they knew the residents and their families very well and residents appeared relaxed and comfortable in the company of staff. Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with dignity and respect.

The Inspector saw that the centre was exceptionally clean throughout. Staff expressed their relief that the COVID-19 outbreak, that the centre had recently experienced, was now over. The Inspector observed good hand hygiene practices by staff with alcohol based hand sanitizer readily available throughout the centre. Staff demonstrated good practice in relation to wearing personal protective equipment (PPE). Visits to the centre were unrestricted and were facilitated in line with currently public health guidelines. One visitor who spoke with the Inspector highly

praised the staff, and the care of their family member. Systems such as temperature and symptom checks, mask wearing and social distancing, were in place to ensure residents could meet with their family and friends safely.

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 on the the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection 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, and to follow up on action taken by the provider following the findings of the previous inspection of January, 2020. Findings of this inspection were that this was a well-managed centre, where the residents were supported and facilitated to have a good quality of life. The management team were proactive in response to issues as they arose, and improvements required from the previous inspection had all been addressed and rectified. However, this inspection identified that some improvements were required in relation to fire precautions, infection control, the provision of activities, consultation with residents and the use of restraint.

The registered provider of Castletownbere Community Hospital is the Health Service Executive. The management structure within the centre was clear, with identified lines of authority and accountability. The provider representative supported the centre and additional resources such as practice development and an infection prevention control nurse were also available to the centre, which supported evidence based practices. The provider representative engaged in regular quality and patient safety meetings with the management team of the centre. The centre was managed on a daily basis by an appropriately qualified person in charge, responsible for the overall delivery of care. She was supported in her role by a Clinical Nurse Manager, a nursing and healthcare team, as well as a team of catering, domestic, administration and maintenance personnel.

The Chief Inspector had placed a restrictive condition on the registration of this centre, after an inspection in February 2018. This condition stated that the physical environment in the designated centre must be reconfigured. This was to ensure that the premises could meet the needs of residents, and that all existing and future residents are afforded appropriate dignity and privacy, through the provision of adequate personal space. Plans were submitted to the Chief Inspector and a commitment given to work being completed by May, 2020. Refurbishment of the centre commenced in October 2019, and although delays had ensued due to the global pandemic, all work was now near completion.

On the day of the inspection there were adequate resources to ensure the effective

delivery of care, in accordance with the statement of purpose, and to meet residents' individual needs. Staff had the required skills, competencies and experience to fulfil their roles. However, the allocation of staff allocated to the provision of activities and to housekeeping within the centre required review, which is discussed further under regulation 9 and 27. Staff had access to education and training appropriate to their role and all mandatory training was in date. Staff with whom the inspector spoke were very knowledgeable about residents and their individual needs. There were robust recruitment procedures in place and evidence that staff had an induction and regular appraisals. A sample of staff personnel files were reviewed by the Inspector and contained all the information as required under Schedule 2 of the regulations.

The centre had very recently experienced an outbreak of COVID-19, which was declared over by The Department of Public Health, five days prior to this inspection, on the 24 November, 2021. The Inspector acknowledges that residents and staff had been through a very challenging time during the outbreak, which affected residents and staff. During the outbreak, the centre had engaged with the local public health team for support and advice and had the expertise of an infection prevention and control specialist. The person in charge had implemented the centres contingency plan for staffing and its communication strategy for residents and their relatives during the outbreak. The Inspector was assured that a formal outbreak report as recommended in line with HPSC guidance, to ensure that areas of improvement following the outbreak, were documented would be developed in the coming weeks.

The centre had good systems in place to monitor the ongoing quality and safety of the care delivered to residents. The management team undertook a regular schedule of monthly audits and these audits were communicated to all staff. Complaints within the centre were at a minimum level, however, complaints were recorded and investigated as per the centres policy. All incidents occurring in the centre had been reported to the Chief Inspector as required by the regulations.

Regulation 15: Staffing

Through the Inspectors observations and a review of the staffing rosters, the Inspector was satisfied that that there was an appropriate number and skill mix of staff on duty at all times, to meet the health care needs of the residents. However, the allocation of staff to activities required review, which is actioned under regulation 9. It was also noted that staff allocated to caring were also allocated to cleaning, which increased the risk of cross infection, which is actioned under Regulation 27.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were noted in the provision of training since the previous inspection. Mandatory training was in date for all staff, and additional training was provided in infection control, management of COVID-19, correct use of personal protective equipment and hand hygiene. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

Records were maintained in an orderly system and were accessible and securely stored. All required records were held in the designated centre and were available for review. The Inspector reviewed three staff files and all of the required prescribed information set out in Schedule 2 of the regulations were available. Garda vetting was in place for all staff and the the person in charge assured the Inspector that no member of staff commenced employment without satisfactory Garda vetting being received.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in place in the centre. The centre was being consistently and effectively monitored to ensure a safe and appropriate service.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents as set out in Schedule 4 of the regulations were notified to the Chief Inspector, within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person to oversee the management of complaints. The Inspector viewed a sample of complaints, all of which had been managed in accordance with the centre's policy and in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the Inspector found that the care and support provided to the residents in the centre was of good quality. Residents stated that they felt safe and well-supported in the designated centre. Some improvements were required pertaining to fire precautions, infection prevention and control and the use of restraint. Residents quality of life could also be enhanced through increased access to activities in the centre and consultation via residents meetings.

Pre-admission assessments were conducted by the person in charge, in order to ascertain if the centre could meet the needs of residents prior to admission. Residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with the regulatory requirements. Overall, care plans were personalized to resident's individual needs and provided good guidance on the care to be delivered to each resident. Some improvements were required in relation to the updating of care plans, which is discussed further under regulation 5. Residents had good access to medical care and records indicated that residents were reviewed regularly. Residents also had good access to allied and specialist services such as speech and language therapy, dietetics and physiotherapy. Medical records reviewed included detailed notes of residents' care. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these. There was a high use of bed rails within the centre, which required review, this is discussed further under Regulation 7.

The centre was observed to be exceptionally clean on the day of this inspection, and there was evidence of good oversight of cleaning within the centre. The Inspector reviewed cleaning records and found that staff maintained adequate records of routine cleaning and there was also a schedule of deep cleaning. However, a review of the allocation of housekeeping staff was required, to ensure that the risk of cross infection was reduced, which is detailed under regulation 27.

Residents all had Personal Emergency Evacuation Plans (PEEP's) in place, and these were updated regularly. The Inspector reviewed fire records and it was evident that fire safety checks were completed and recorded. Up-to-date service records were in

place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. Annual fire training was completed by staff and regular fire drills were undertaken. However, these did not include the simulation of the evacuation of the largest compartment, with minimal staffing levels, to provide assurances regarding suitable evacuation times. An urgent compliance plan was issued to the provider following this inspection, requesting evacuations of compartment be carried out, which is discussed further under Regulation 28.

As discussed earlier in this report, the Health Service Executive had carried out significant improvements to the premises since the previous inspection. The design and layout of the premises now met the residents' needs and this had a positive impact on their quality of life. The centre was bright and airy throughout with a more homely atmosphere and there was now adequate private and communal space available for residents and rooms were of a more suitable size and layout.

Residents' rights and choices were respected in Castletownbere Community Hospital. Residents had access to televisions in their bedroom or in the day room, and could access radios and newspapers. Residents were kept informed about current affairs, local matters and were encouraged to maintain involvement with their community. However, there was not evidence of residents meetings taking place in the centre since 2019. A review of staff allocated to activities was also required, as this inspection found that there were limited opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities, which is discussed further under regulation 9.

Regulation 10: Communication difficulties

Residents who had communication difficulties were facilitated to communicate freely in the centre. There was evidence that specialist communication aids were sought where appropriate, and care plans identified individual residents requirements.

Judgment: Compliant

Regulation 11: Visits

A system was in place to ensure that residents had access to visitors, facilitated in a safe manner. Visits were managed in line with the current HPSC guidance (COVID-19 Guidance on visits to Long Term Residential Care Facilities). The Inspector observed one visit taking place on the day of inspection. Residents reported that they see their families and friends regularly. Some residents were facilitated to visit their family in their own home.

Judgment: Compliant

Regulation 12: Personal possessions

The refurbished bedrooms provided adequate storage space for each resident to safely store their personal belongings and clothing. With the reduction of occupancy in some bedrooms, residents now had more personal space and room for their belongings. The provider had purchased larger wardrobes for residents. This was a significant improvement from the previous inspection.

Judgment: Compliant

Regulation 17: Premises

Significant improvements had taken place since the previous inspection of this centre pertaining to the premises. The registered provider had provided a premises that now conforms to the matters set out Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

The times that meals were served to residents in the centre required review. The Inspector found that residents were being assisted to prepare for dinner at 11:35am on the day of this inspection and dinner was scheduled for 12:00 midday. There was not evidence that residents had chosen to eat this early. This was also a finding of the previous inspection of this centre.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall, the Inspector found that the infection control systems in place were mainly compliant with the requirements under Regulation 27. The centre was observed to be clean and well organised. However, the following required to be addressed:

- Multi-task attendants (MTA), were employed for caring and cleaning duties. While the duties were segregated on a daily basis, on some days an MTA

could be working as a carer in the morning, a cleaner in the afternoon and return to caring post cleaning being carried out. The Inspector was informed that HSE was committed to addressing this and the segregation of caring and cleaning roles were currently under discussion, with a projected time frame of division of this role by January, 2022. The provider was requested to ensure that there was a clear segregation of roles, as the combination of caring and cleaning duties posed an infection prevention and control risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

An immediate action was issued to the provider in relation to fire precautions. From a review of fire drill reports in the centre and assessment of staff knowledge, the Inspector was not assured that residents could be safely evacuated at all times, during the day and night by staff. The provider submitted a record of a fire drill post the inspection, which provided some assurances regarding evacuation of the largest compartment. However, ongoing drills are required, so the provider is assured that all staff are competent in fire evacuations of compartments, with minimal staffing levels. This is to ensure that residents can be evacuated in a timely and safe manner. The Inspector also noted that four fire doors in the centre were not closing fully, therefore, the containment of smoke and fire could not be assured. The person in charge arranged for these doors to be serviced on the day following this inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The Inspector reviewed a sample of residents care plan documentation and found:

- two care plans were not updated four monthly, in line with regulatory requirements.
- one resident who required blood pressure monitoring did not have the frequency identified in the care plan.
- one resident who had an increased risk of pressure ulcers, as identified by use of a validated assessment tool, did not have their care plan updated to reflect this.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's attended the centre weekly to support the residents' needs. There was evidence of ongoing referral and review by allied health professionals as appropriate. The physiotherapist was present in the centre two days per week. There was a very low incidence of pressure ulcer development in the centre, with no residents having pressure ulcers on the day of this inspection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a high usage of bed rails in the centre, with nearly 75% of residents being allocated bed rails. Although assessment, consent and safety checks were in place, there was not always evidence of alternatives being trailed, which was contrary to national policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The following required to be addressed in relation to residents rights:

- There was not evidence that residents were routinely consulted about and participated in the organisation of the designated centre. The last residents meeting had taken place in 2019.
- Not all residents had opportunities for meaningful occupation in accordance with their assessed needs and preferences. A review of the activity schedule was required to ensure that it met residents requirements.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Castletownbere Community Hospital OSV-0000601

Inspection ID: MON-0034882

Date of inspection: 29/11/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ol style="list-style-type: none"> 1. All residents are asked when they would like to have their meals. This is recorded daily on the meal plan for that day. Any resident who wishes to have a different time for their meals e.g. one resident likes a late breakfast, one resident likes to have a late dinner and their requests are supported. 2. Management have asked the staff to record the residents preferred meal times in the nutritional care plan. 3. In the safety pause in the mornings staff are reminded that residents are not moved to the dining room before the dinners are ready to serve. Also the residents have a choice where they would like to eat their meals and this is documented in the residents Meal Plan. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. Nursing Management is currently introducing a roster with segregation of roles to avoid combination of caring and cleaning duties 2. Nursing Management will ensure same is reflected in cleaning schedule and daily roster 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: To ensure that residents can be evacuated in a timely and safe manner.</p> <ol style="list-style-type: none"> 1. We focus on the compartments that make up the resident's living areas. 2. We have carried out a fire drill evacuation in compartments, we carried out a fire drill in compartments 1 and 2 on 21st December and will continue to do compartments evacuations every 2 months which means each compartment will have 4 fire drills per year. 3. We will use 3 staff when carrying out evacuations as this reflects the number of staff available by night. 4. The fire doors have been checked and are now all in working order. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ol style="list-style-type: none"> 1. Each care plan was re-audited to check for compliance with Castletownbere Community Hospital documentation policy. The two outstanding care plans that were not updated within the four monthly time frames were updated and now reflect the residents' current condition. 2. All care plans were re-audited to check for non-compliance regarding monitoring and care planning of resident's vital signs. The specific care plan was identified and updated accordingly by the RGN to reflect the residents' required blood pressure monitoring requirements. 3. All care plans were re-audited to identify any areas of non-compliance regarding skin integrity. The specific care plan was identified and was updated accordingly by the RGN to reflect the residents increased risk of pressure ulcers. 	
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:</p> <ol style="list-style-type: none"> 1. With resident's safety in mind we have reviewed the use of bed rails in the center. 	

2. Nursing Management spoke to the resident's and some residents were too afraid not to have the bed rails in place.
3. Nursing Management have spoken to staff to ensure if a resident request's bed rails that it is documented in their care plan.
4. Nursing Management will review all bedrails to identify if additional alternatives can be trialed to reduce bedrail usage.
5. All bedrail documentation will be reviewed to ensure alternatives trialed were recorded

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 The Manager will hold monthly residents meetings from January 24th 2022 in the resident's pods or their rooms, this may give residents the confidence to give feedback on how they feel about their environment, their preferences and needs. The manager will also update residents on any new changes in the center. The Manager will listen to and record the resident's wishes and implement changes where possible.

There is a resident's activity plan 6 days a week which takes the resident's wishes into account. This plan is updated and changed weekly in accordance with resident's interests. The centers multitask attendants deliver this plan daily to our residents. In addition and to vary our activities schedule Cork Kerry Community Hospitals use the external services of Arts for Health to deliver activities in house at Castletownbere Community Hospital

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 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	31/01/2022
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	04/02/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	21/12/2021
Regulation 28(1)(e)	The registered provider shall	Substantially Compliant	Yellow	21/12/2021

	ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	24/01/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 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.	Substantially Compliant	Yellow	31/12/2021
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the	Substantially Compliant	Yellow	23/12/2021

	resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	20/01/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	23/02/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	24/01/2022