



**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:	Fermoy Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Tallow Road, Fermoy, Cork
Type of inspection:	Unannounced
Date of inspection:	11 March 2021
Centre ID:	OSV-0000560
Fieldwork ID:	MON-0032236

About the designated centre

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

Fermoy Community Hospital is located on the outskirts of the town of Fermoy. It was originally built in the 1800s as a workhouse and has evolved over the years to become a district hospital in 1973 and a community hospital in the early 1990s. It is built on a 16-acre site with ample parking for visitors. It is a two-storey premises but all resident accommodation is on the ground floor. The centre comprises three units 'Cuisle' (30 beds), 'Dochas' (30 beds) and 'Sonas' (11 beds). The centre can accommodate 71 residents in 21 single bedrooms, 10 twin bedrooms, two three-bedded rooms, and six four-bedded rooms. Five of the single bedrooms are en suite with toilet, shower, and wash-hand basin and all of the other bedrooms have a wash-hand basin only in the room. The centre is registered to provide care to residents over the age of 18 years but the resident population is primarily over the age of 65 years. Fifty four of the beds are reserved for residents requiring long-term care, seven beds are reserved for residents requiring convalescence, nine beds are reserved for respite care, and there is one palliative care bed.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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	09:15hrs to 18:30hrs	John Greaney	Lead
Thursday 11 March 2021	09:15hrs to 18:30hrs	Abin Joseph	Support

What residents told us and what inspectors observed

Inspectors arrived at the centre for an unannounced risk inspection. They were guided through the centre's infection prevention and control protocols, such as hand hygiene, temperature checks, face masks and COVID-19 questionnaire at the main reception area. Scheduled fortnightly swabbing of staff was underway and off-duty staff were seen to come and go on the morning of the inspection. Inspectors initially met with the assistant director of nursing (ADON) and were later joined by the director of nursing (DON).

Overall, the needs of residents were met to a good standard by staff that were caring and responsive to residents' needs. Many of the issues identified for improvement at the last inspection were addressed, such as enhanced an activity programme, better storage space for clothes and personal possessions, and full attendance by staff at mandatory training. Some improvements were still required in relation to the design and layout of premises, fire safety compartmentalisation and infection prevention and control practices. Observations on previous inspections were that residents spent a considerable amount of time in their bedrooms. While the PIC and staff had made efforts to provide an environment conducive to residents spending time away from their bedrooms, this was not entirely successful. Overall, the design and layout of the centre posed challenges. There is ample communal space dispersed throughout the centre space but they are not in locations that make it conducive for residents to spend time there. For example the main communal and dining areas in Cuisle are immediately outside the door of the unit. These are not readily accessible by residents and this is supported by the observations of inspectors that they were rarely used on the day of the inspection.

After completing an introductory meeting inspectors went on a walkaround of the premises accompanied by DON and ADON. On the walkaround and throughout the inspection, inspectors availed of opportunities to speak to a number of residents both in communal areas and in their bedrooms. The overall feedback from residents was that this was a nice place to live. Residents were generally happy and complimentary about the care they received from staff. Inspectors observed residents engaging in individual and group activities through out the day, assisted by an activity coordinator in each of the two units.

The centre is registered to accommodate 71 residents in two 30-bedded units, Dochas and Cuisle, and one 11-bedded unit, Sonas. Due to the design and layout of the 11-bedded unit, which does not adequately support privacy and dignity, a condition has been attached to the registration of the centre that only residents admitted on a short-term basis can be accommodated in this unit. Due to the COVID-19 pandemic and associated restrictions on admissions, this unit has been closed since the pandemic began.

The door right to the main entrance led to the thirty bedded Dochas unit. There was an open communal area, called Craoi, with seating, television and a piano before

entering the main Dochas unit. There was a resident sitting in this area in a wheelchair and was enjoying the morning sunshine.

Dochas unit appears relatively modern, was clean and in a good state of repair throughout. It comprises eight single bedrooms, five twin bedrooms and three 4-bedded rooms. Bedrooms were adequate in size and generally personalised with residents memorabilia and photographs. There was adequate screening between the beds in the shared rooms. Three of the single bedrooms are en suite with shower, toilet and wash hand basin. All of the other bedrooms in Dochas have wash hand basin only in the bedrooms but there are adequate toilet, shower and bath facilities suitably located throughout the unit for the number of residents accommodated here.

There was a treatment room adjacent to a nurses' station. This room was cluttered with equipment such as chair scales, electrocardiogram (ECG) machine, blood pressure recording equipment and an emergency trolley. There was one large and one small cylinder of oxygen stored here but there was no signage on the door warning that oxygen was stored in this room.

Inspectors saw that there was one resident asleep in a chair in the Sun room. This room, while small, is bright and colourful. Later in the day inspectors observed three residents relaxing and reading newspapers in this room. Activities were underway in the dining room and four residents were seen to enthusiastically participate. The activities coordinator was employed by an external organisation and was present in the centre for five days each week, from Monday to Friday.

The door to the left of the main entrance led to Sonas and Cuisle units. As already stated, Sonas Unit is currently closed. Sonas comprises one single bedroom, two three bedded areas and one four bedded room. The two three bedded areas have partitions that do not extend all the way to the ceiling, so do not support privacy and dignity. Additionally, they do not have windows to the outside and therefore have limited natural light. For this reason a condition was attached that only residents admitted on a short term basis, such as for respite or convalescence, can be admitted here.

On leaving Sonas there is a large foyer and an internal reception area immediately outside the main Cuisle unit. The main dining room for Cuisle is also situated here. Inspectors were informed that this dining room is only used at lunch time and most residents have their breakfast and evening tea in their bedrooms. The foyer area was used as storage space for a number of large chairs on the morning of the inspection, making it unappealing as a place to spend time. In fact this area was not seen to be used by residents at any time during the inspection. The PIC confirmed that the dining room was previously used for storing these chairs when they are not being used. Cuisle Unit comprises ten single bedrooms, six twin bedrooms and two 4-bedded rooms. Two of the single bedrooms are en suite with shower, toilet and wash hand basin and all other bedrooms have wash hand basin only in the bedrooms. Unlike Dochas, sanitary facilities are limited with only two showers and no bath for a potential 28 residents. There were six toilets in addition to the en suite facilities. On discussing this with the PIC on the walkaround she undertook to

immediately improve the sanitary facilities and successfully sought approval to convert a store room to a bathroom. This had previously been a bathroom so it would not be difficult to convert it back to a bathroom again. Inspectors were informed that this room would be fitted with a wash hand basin, shower and bath.

There was good dementia friendly signage throughout the centre which facilitated easy navigation for residents and visitors. All bedrooms were fitted with ceiling hoists to assist staff in safe moving and handling of residents. There were a number of secure external areas for residents to access fresh air, weather permitting. This included a wheelchair accessible enclosed back garden, which was adapted to ensure that residents could easily come and go. There were raised flower beds and seating arrangements in the garden.

There was a portable desktop computer in the small dining room in Cuisle unit. The PIC stated that this was used by residents and one resident in particular used the desktop computer for watching sports. The PIC stated that residents also have access to electronic tablets that can connect to the WiFi system in the centre. Some residents also had their own mobile phones and they were able to use them independently.

Most of the sitting rooms were furnished with table lamps, bookshelves, coffee tables and televisions. There were notice boards displaying photos of residents participating in various activities, information posters and advocacy service information.

Inspectors observed a number of positive and meaningful engagements between residents and staff during the inspection. Some of the residents shared their challenges and experience of living under COVID-19 restrictions. One resident told the inspectors that she did not like the lock down. Other residents said they didn't mind the COVID-19 restrictions and they were coping with the situation. Residents appeared to have a good understanding of the seriousness of the COVID-19 virus and the need to adhere to the public health advice and guidance. In one resident's opinion, the general public needed to be more vigilant about the spread of this virus. Inspector met with some residents in their bedroom. One resident told the inspectors that they were given the option to take a meal in their bedroom or dining room and she chose to have her meal in the bedroom. One resident was very proud about her completed thousand piece jigsaw puzzles. This resident was also very happy about the bird feeders provided by the centre for the birds. Inspector noticed that one of the residents who wished to go for a short walk was supported by a staff member in a timely manner.

The next two sections of this report explain the capacity and capability of the centre and how it impacts the quality and safety of the service provided in the centre.

Capacity and capability

Fermoy Community Hospital is a residential centre operated by the Health Service Executive (HSE). The registered provider has applied to renew the registration of the centre in accordance with the requirements of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. The application form, fees and associated documentation were submitted in a timely manner.

Overall there was an effective governance structure in place and accountability for the delivery of the service was clearly defined. The person in charge has the required qualifications and experience for the role and works full-time in the designated centre. The person in charge reports to a general manager for older person services. The person in charge is supported by an assistant director of nursing and clinical nurse managers in each of the units.

There was a good system of oversight of the quality and safety of care delivered to residents through a programme of audits. Where issues were identified for improvement, there was an associated action plan identifying who was responsible for implementing required improvements. There was also a comprehensive annual review of the quality and safety of care completed for the 2020. Some improvements were required in relation to the management of complaints.

Nursing management are well known to residents and staff and facilitated the inspection process. They were knowledgeable and in discussions with the inspectors, committed to ensure residents living in the centre enjoyed a good quality of life and received a safe and high standard of care.

The inspector acknowledged that residents and staff living and working in centre have been through a challenging time and that at the time of the inspection they had been successful in keeping the centre COVID-19 free. Since the pandemic began, one resident had tested positive. Staff attended for serial testing on a fortnightly basis and the management team had established links with the public health team and HSE lead for their area. There was a comprehensive COVID-19 emergency plan in place. Designated rooms had been set aside for cohorting residents should they develop symptoms or test positive for the virus.

Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Regular staff briefings took place to ensure staff were familiar with and aware of the ongoing changes to guidance from public health and the HSE.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required managerial and nursing experience specified in the regulations. She was actively engaged in the governance, day-to-day operational management, and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

A review of staff rosters and discussions with staff indicated there were adequate levels of nursing and care staff on duty to meet the assessed needs of residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training matrix was in place and it was evident that staff were facilitated and supported to attend training relevant to their role. All staff had attended up to date training in mandatory areas such as fire safety, safeguarding, manual handling and responsive behaviour.

There was good participation in COVID-19 related training, such as infection prevention and control, hand hygiene and donning and doffing personal protective equipment (PPE).

Judgment: Compliant

Regulation 21: Records

Records as requested during the inspection were made readily available to the inspectors. Records were generally maintained in a neat and orderly manner and stored securely.

A sample of four staff files viewed by the inspectors were assessed against the requirements of schedule 2 of the regulations. Garda vetting was in place for all staff and the the person in charge assured the inspectors that nobody was recruited without satisfactory Garda vetting. The requirements of Schedule two were in place.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found effective governance and management systems were in place for oversight of the centre on a day to day basis. The person in charge is responsible for clinical management and supervision and is supported by an assistant director of nursing.

There were adequate systems in place for oversight of practice through ongoing audits and supervision of staff to ensure that staff were following the most up-to-date guidance. On the day of inspection, inspectors observed that staff were adhering to infection control guidelines, including the appropriate use of PPE and adherence to good hand hygiene practices.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the required information specified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the accident and incident records indicated that notifications were submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

Improvements were required in relation to the management of complaints. For example:

- there was a need to review the complaints system to ensure that the complaints officer had oversight of all complaints to ensure they were addressed satisfactorily
- the point of contact complaints' resolution form was not completed for all complaints in accordance with the centre's complaints management system

Judgment: Substantially compliant

Quality and safety

The overall quality of the service provided by this centre was to a high standard. Residents were generally happy and complimentary about the service provided in the centre. However, improvements were required in relation to premises, infection prevention and control and fire safety.

Inspectors acknowledged that COVID-19 restrictions posed a challenge to residents and staff. Staff were committed to providing high standard care to residents. The medical needs of residents were met through a medical officer that visited the centre once or twice weekly and as required. Residents had good access to various allied health care professionals including occupational therapist, dietetic service, physiotherapy and speech and language therapy (SALT). There was also good access to specialist services from community mental health and palliative care.

A sample of care plans were reviewed. Validated risk assessment tools were used to assess various clinical risks, including risks of malnutrition, pressure sores and falls. Residents care plans were reviewed at four monthly intervals and more frequently when required. Pre-admission assessments of the residents were carried out by the community placement coordinator for the North Cork area who linked with families and hospital discharge coordinators. The residents' care plans were updated based on the input from the multi-disciplinary team. Evidence of consent from residents for certain therapeutic interventions were also included in care plans.

Significant improvements were required in relation to fire safety and as a result an urgent Compliance Plan was issued to the provider. A review of the risk register identified that fire safety compartmentalisation in the attic space of Cuisle unit was inadequate. The provider responded to the Urgent Compliance Plan in a timely manner. There is also a fire safety compartment in Dochas unit containing bedroom accommodation for 18 residents. This could negatively impact on the time it takes to evacuate all residents in that compartment to a place of relative safety should there be a fire in that compartment.

No residents were considered to be on an end of life pathway on the day of inspection. Care plans reviewed by inspectors indicated that there are advanced care panning in place for residents in relation to the care to be provided when a resident approaches his or her end of life. There was evidence of consultation and participation of residents, GP and family when developing end of life care plans. Sample end of life care plans reviewed by inspectors indicated that the resuscitation status of the residents was clearly indicated.

The centre had a comprehensive COVID-19 contingency plan and staff spoken with by inspectors were knowledgeable of recommended infection prevention and control recommendations. Staff were assigned to different zones within the centre to avoid cross contamination during COVID-19 pandemic. There were additional measures in place to ensure staff minimised their movements around the centre in order to

reduce the risk of spreading infection between units. Staff from each of the two units had separate facilities for changing and for meal breaks. There were housekeeping staff assigned to each of the units and they were knowledgeable of good IPC practices and implemented a colour coded cleaning system. Activity staff were also assigned to individual units. Staff had up to date training on IPC, hand hygiene and safe use of PPE. However, some improvements were required in relation to IPC, predominantly related to hand hygiene facilities.

Staff were found to be knowledgeable about resident's likes, past hobbies and interests. There were systems in place to safeguard residents from abuse. There were adequate financial arrangements for residents, including for residents for whom the provider was pension agent. All staff had a valid Garda vetting disclosure in place prior to their commencement of work in the centre.

Staff working in the centre had received training on managing responsive behaviours and safeguarding vulnerable adults. The main form of restraint used in the centre was bed rails. There was evidence of comprehensive risk assessments prior to the use of bed rails.

The inspector found that residents were free to exercise choice on how they spent their day. Some residents were observed in the communal areas of the centre while most residents spent time alone in their rooms. Visiting was currently restricted due to level 5 restrictions. Visiting on compassionate grounds was allowed under strict IPC controls. The centre had a suitable area indoors to facilitate visits when visiting resumed. Residents families were communicated with by telephone and video calls. While there was ample communal space dispersed throughout the premises, this is not incorporated into the units and in effect, residents have to leave their units to access this space. This may be a contributory factor to why communal and dining space is not used to its maximum benefit by residents.

Activities were provided by an external organisation from Monday to Friday. There are two activity staff providing support to residents in each unit. Residents were supported to participate in the running of the centre through residents' committee meetings. Residents were facilitated to link with their friends, relatives, local community and the external world through phone and video calls, newspapers, radio and television. There was a desktop computer and a number of electronic tablets available to residents that were connected to a WiFi system.

Regulation 11: Visits

The centre facilitated visits on compassionate grounds under level five COVID 19 restrictions. Window visits were facilitated in line with health protection and surveillance centre (HSPC) guidance. Information regarding visiting restrictions and updated infection prevention and control guidelines were displayed at the main entrance and at the key locations of the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Improvements noticed since last inspection in relation to personal possessions. Each resident had a double wardrobe and bedside locker available close to their bed.

Judgment: Compliant

Regulation 13: End of life

Residents received a end of life care in a dignified manner respecting their choice and wishes. Residents end of life care preferences were recorded in their care plans. Do not resuscitate status were reviewed and signed by respective GPs. There was evidence of consultation and participation of residents and next of kin in end of life care process. The centre had access to specialised palliative care service if required.

Judgment: Compliant

Regulation 17: Premises

Some improvements were required in relation to premises, these included:

- the design and layout of Sonas unit does not support the privacy and dignity of residents due to partitions between the bedrooms that do not extend to the ceiling. Also, some bedrooms did not have access to natural light
- a review was required of sanitary facilities, particularly in Cuisle unit to ensure there were adequate shower/bathroom facilities for residents
- there was inadequate storage space as evidenced by the storage of large speciality chairs in a seating area at the entrance to Cuisle and a cluttered treatment room
- while there was adequate communal and dining space in the centre as a whole, the location of this space outside of the units meant that it was rarely used by residents

Judgment: Not compliant

Regulation 26: Risk management

There were adequate measures in place for the identification and management of risk. This included a risk management policy and a risk register that was updated to reflect current risks and measures in place to mitigate the risks identified.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required in the following areas:

- cleaning equipment was stored in a sluice room
- one of the housekeeping rooms did not have hand washing or hand hygiene facilities. The wash hand basin in another housekeeping room did not have clinical taps
- due to the cluttered nature of a treatment room the wash hand basin was inaccessible

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required in relation to fire safety, for example:

- a review of the risk register identified that fire safety compartmentalisation in the attic space of Cuisle was inadequate
- a fire safety compartment in Dochas unit has bedroom accommodation for 18 residents, which would increase the time required to complete progressive horizontal evacuation of residents to safety in case of a fire in the centre
- some fire doors required review to ensure they could adequately contain smoke in the event of a fire
- emergency lighting and fire alarms were not serviced quarterly
- fire drill records did not include the names of the staff that participated in the drills
- a review was required of location of fire evacuation plans to ensure there were an adequate number located at suitable intervals throughout the centre
- oxygen was stored in a treatment room but there was no signage to indicate that oxygen was stored there

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The registered ensured that the centre had a pharmacy service to meet the need of the residents. The record of medication related interventions in respect of each resident was kept in a safe and accessible place in the designated centre. All medicinal products dispensed or supplied to a resident were stored securely at the centre. Medications were administered in accordance with the directions of the prescriber and in accordance with any advice provided by that resident's pharmacist. All unused and out of date medications were returned to pharmacy in a safe manner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Inspectors reviewed a sample of care plans for issues such as wound care, responsive behaviour and end of life care. These were seen to provide good guidance to be delivered to residents on an individual basis.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were met to a good standard through prompt access to the services of a medical officer and allied and specialist services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint register was maintained and regularly reviewed. At the time of inspection there were fourteen residents that used bed rails. Records showed that restraints were only used following a comprehensive risk assessment and there was evidence of alternatives trialled prior to their use. There were appropriate records kept of the residents behaviour in their care plans, including any triggers or factors that might impact on their mood or behaviour. Residents records also indicated support from

psychiatric services when required.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from abuse. Staff were adequately trained and knowledgeable in relation to the detection and prevention of and responses to abuse. There was a system in place to investigate any incident or allegation of abuse. adequate measures were in place for the management of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents continued to spend significant periods of time in their bedrooms, including at meal times.

While there was a good programme of activities available to residents, a review was required of activities available to residents at weekends

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 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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not 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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Fermoy Community Hospital OSV-0000560

Inspection ID: MON-0032236

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The local documentation and procedure for the recording and documentation of complaints will be reviewed and updated to provide clearer assurances that the complaints officer has reviewed all complaints received and that they have have been addressed by the Complaints officer – 30th June 2021 • The point of contact resolution forms will be reviewed as part of the local complaints documentation review – 30th June 2021 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Sonas Unit is currently closed for resident accommodation. It is envisaged that this unit will not re-open for resident accommodation. As part of the capital project building works Sonas will be reconvened as administration unit - Completion plan of 31/12/2021 • Sanitary facilities Cuisle Ward: Approval sought on day of inspection to convert store room to bathroom – Bath installed – works completed March 2021 • An additional bathroom is planned for Cuisle as part of the capital projects building works – Date of planned completion 31/12/2021 • Storage of specialized chairs in Cuisle ward has been reviewed and a storage area has been identified which does not impact on resident communal areas in Cuisle Completed 14/4/2021 	

- De-cluttering of Treatment rooms in Cuisle and Dochas has commenced – unused equipment / items have been removed – Completion by 31/5/2021
- The small dining room in Cuisle has been re-commissioned into an activity room as the maximum occupancy of the room was not conducive to promoting social and engaging mealtimes for residents. The new dining room is currently located outside the main unit in the communal area. As part of the reconfiguration plans for cuisle ward the current administration corridor will be re-commissioned into resident accommodation areas therefore enlarging the footprint of Cuisle ward. These changes will enable the large dining room to then become part of the unit. Completion plan of 31/12/2021
- Residents are encouraged daily to use the dining rooms however a number of residents chose to have their meals – this is an ongoing process

Regulation 27: Infection control

Substantially Compliant

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

- Refresher Training has been provided to the cleaning team in relation to the appropriate storage of equipment – Completed March 2021
- Hand washing facilities have been installed in the house keeping room in Dochas – Completed March 2021
- Clinical taps installed in housekeeping room in Cuisle Ward – Completed March 2021
- Cuisle treatment room de-cluttered – DDA medication cabinet re-located in treatment to ensure hand wash sink easily accessible – Completed 14th April 2021

Regulation 28: Fire precautions

Not Compliant

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

- Emergency lighting and fire alarms were being serviced on day of inspection – March 11th 2021. Servicing is scheduled on a quarter basis – previous service was September 2020

- Local Unannounced fire drill documentation template to be reviewed / amended to

ensure the names of staff present at the time of the drill are captured at the top of the template – Completion Plan 30/6/2021

- Oxygen storage sign for treatment room in Dochas to be installed on the outside door of the room – storage sign was available inside the room. – Completion plan 30th April 2021
- In relation to Dochas Ward: The Fire Safety Certificate granted for Dochas Ward was in line with HTM 81: 1996 where a maximum number of residents beds permitted in each compartment was 20. The staffing levels required in Dochas are monitored by management and in line with the requirements granted by the Fire Safety Certificate and HTM 84 – Fire Risk Assessment in Residential Care Premises, which identifies the maximum number of residents beds permitted in each sub compartment as nine with four staff on duty. The max beds per sub compartment in Dochas is four with a minimum of four staff on duty and also responding staff from Cuisle. Staff training is based on this existing strategy. The proposed works and the strategy being adopted as part of the upgrade works by the HSE is to increase the number of compartments therefore reducing the number of beds in the existing compartments and changing the existing strategy. This work will also include a review of all fire doors in the building. The location of fire evacuation plans within the centre will be reviewed on an ongoing basis in tandem with the proposed fire works.

Regulation 9: Residents' rights

Substantially Compliant

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

- Residents actively encouraged to avail of communal areas outside of their bedrooms – ongoing process
- The activities programme is regularly reviewed – communication / engagement have occurred with the activity provider for weekend sessions and recruitment for a facilitator has commenced.
- An identified team member is allocated daily in each ward as an activities lead to ensure activities are promoted and planned daily for residents including weekends

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	14/04/2021

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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	31/10/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/03/2021
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.	Not Compliant	Orange	15/03/2021
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	15/03/2021
Regulation 34(1)(f)	The registered provider shall	Substantially Compliant	Yellow	30/06/2021

	provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/06/2021