



# 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:	23 June 2022
Centre ID:	OSV-0000560
Fieldwork ID:	MON-0035929

## About the designated centre

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

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

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

Number of residents on the date of inspection:	41
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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 23 June 2022	09:00hrs to 17:30hrs	Mary O'Mahony	Lead
Thursday 23 June 2022	09:00hrs to 17:30hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

From what residents said and from what inspectors observed, it was clear that residents were treated with patience and kindness in Fermoy Community Hospital and that their rights were respected. Inspectors spoke with the majority of residents during the day and also met with a number of relatives. Residents told inspectors that they were satisfied with the care and service provided. Inspectors spoke with visitors at various times throughout the day and they were very complimentary of the service and care provided. They described staff as "kind and helpful" and said that compassionate visiting was allowed. The person in charge was described by staff and residents as "very good" and she was seen to be well known to residents and relatives.

Inspectors arrived unannounced to the centre and were guided through the infection prevention and control measures included hand hygiene, wearing a face mask and temperature check. Following an opening meeting with the clinical nurse manager 2 (CNM2), the person in charge joined inspectors on a tour of the premises. The building was reflective of the era, having been converted from the old 'workhouse' to a community hospital in the mid 1900's. Residents' accommodation was located on the ground floor while staff facilities were seen to be located upstairs. Efforts had been made over the years to improve the lived experience of residents in the designated centre, thereby creating a less institutional, more homely environment overall. This work was continuing with the ongoing refurbishment and extension of the two remaining units, Cuisle and Dochas. An older unit, Sonas, has been partially converted into an administration unit while the remaining part is being refurbished. The centre was initially registered for 72 residents. However, while the work is being undertaken this has been reduced to 44. There were 41 residents living in the centre on the day of inspection.

Inspectors observed that the work already undertaken was finished to a high standard. The main reception area consisted of a large, bright foyer where residents met visitors and used the tables on which to make large jigsaws and art work. In the spacious open plan seating area near reception residents were seen to congregate around tables for morning tea, meals, activity and newspaper reading. The kitchen and Cuisle unit were located next to the foyer. While there were a number of single and double rooms in Cuisle there were two four-bedded rooms which inspectors observed were not conducive to promoting privacy and dignity for residents. This will be discussed under regulation 17, Premises, in this report. Communal rooms were seen to be used for different activities, such as the oratory where mass was said weekly, the dining rooms, the sitting room and sun lounge. Two residents were seen to be afforded one to one attention for art work in the morning while another resident was seen to be assisted to do crosswords in one sitting room. Residents spoke confidently with inspectors and were found to be informed about the Health Information and Quality Authority (HIQA). The second unit named Dochas was accessed through a glass corridor called "Craoi". In this section there were a three, four-bedded rooms as well as five double rooms and

eight single rooms. Residents' bedrooms were seen to be decorated in a personalised manner where space allowed, with personal items, photographs and flowers on display. There were comfortable communal rooms in this area also with 'french doors' opening out into lovely, planted internal courtyards. Residents were seen to walk or sit outside. Residents proudly informed inspectors that they had been involved in the planting of the large raised flower beds with the gardener and the activity personnel. The person in charge explained to inspectors that a new extension of eight single en suite rooms was currently under construction. All works were proposed to be completed in mid 2023.

One resident spoken with said that he felt safe in the centre and said he had all the care he required. He enjoyed watching the renovations and the activity created by the presence of the builders. The person in charge said that arrangements had been made to have a coffee morning to introduce the builders to residents to ensure that residents felt involved in the process. Inspectors observed that residents were encouraged to continue to go out with family and friends to maintain social contacts and mental wellbeing. A group of four residents had been out at a restaurant last week and others planned to go to a market in a local town on the week of the inspection. The person in charge explained that wheelchair accessible taxis were organised for the group and were paid for by the Health Services Executive (HSE). Social contact was seen to be supported by care plans based on residents' life stories to date. Residents told inspectors that a trip to Doneraile Park was the next project they were looking forward to. Inspectors were informed that one resident had locked her bedroom door with her personal key and gone out on her regular weekly shop. Minutes of residents' meetings were maintained by an external group of activity personnel. Members of this team were seen throughout the day engaging with residents at bingo, art work, newspaper reading, walks and music with exercises. Meals were nicely presented and served from the kitchenette on each unit, having been prepared in the main kitchen. Menus were displayed and the meals were stated to be nicely served with appropriate portions available. Residents said there was also a tea round at 7pm which provided milk, yogurt, sandwiches, tea, or biscuits before bed.

Throughout the day inspectors observed that staff maintained a calm environment when attending to residents' needs. Residents' independence was seen to be encouraged, for example encouraging residents to mobilise, eat and drink according to their ability. In addition, inspectors saw there were two computer desks set up in the centre for residents' use for communication, for internet access and also for activity.

Visitors were guided by staff to follow the infection control rules set out to prevent the spread of any infection. Visitors were seen to be known to staff who welcomed them and actively engaged with them. Visitors and residents told the inspector that they were very happy with the arrangements in place for visits. Each unit had a private visitors' room and nice alcoves suitable for private chats around the corridors. Visitors were seen in these areas throughout the day and they said they had good access to their relatives. They said they were glad that the restrictions had been lifted and really enjoyed their time together.

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

## Capacity and capability

On this inspection the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were well defined and clearly set out. The management team had been proactive in responding to a number of findings on previous inspections, particularly in relation to the required renovations, fire safety issues and the reduction in resident numbers until the works were completed. Nevertheless, further improvements were required in the maintenance of records and regulatory notifications in this section of the report, and in aspects such as premises, end of life care, aspects of fire safety and medicine management, as highlighted under the Quality and Safety dimension of the report.

There was a senior HSE manager nominated to represent the provider, which was the Health Service Executive (HSE). This senior manager liaised with the management team in meeting the regulations and attended weekly meetings with the person in charge. The senior management support was welcomed by the local team. The person in charge had responsibility for the day-to-day operational management of the designated centre. Other managerial supports include two CNM2s, and two CNM1s (clinical nurse managers 1 and 2). The post of assistant director of nursing (ADON) was currently vacant. They were supported by an experienced medical team, nurses, health care assistants, catering, household, administration and maintenance staff.

Inspectors acknowledged that residents and staff living and working in the centre had been through a worrying time over the last two years with the challenges presented by COVID-19. They were satisfied that they had been largely successful in keeping the centre free of the virus during the more virulent waves.

Inspectors saw evidence of a good level of preparedness in the event of an outbreak of COVID-19. Up-to-date training had been provided to staff in infection prevention and control (IPC), hand hygiene and in donning and doffing (putting on and taking off) of personal protective equipment (PPE). Household staff spoken with were found to be knowledgeable of their training and the products in use. Staff were seen to wear their masks appropriately and visitors were also offered masks for their individual protection. In addition the person in charge informed inspectors that she had ordered a new colour coded mopping and cleaning system and hoped to role out appropriate training on this in the near future.

The roster and the staffing levels on the day of inspection indicated that there were sufficient staff on duty to meet the needs of residents. Staff files were available and these were seen to be well maintained, in line with the requirements of schedule 2

of the regulations.

Residents and relatives spoken with were complimentary about staff and the management team. This was also reflected in conversation with relatives who described "clear communication" with the person in charge and the care team in general. They felt happy that their concerns and complaints would be addressed and listened to.

There was evidence of quality improvement strategies and ongoing monitoring of the service. The annual report on the quality and safety of care had been compiled for 2021. Falls, complaints and incidents were trended for improvement. Inspectors found that the comprehensive audit schedule and management systems set up in the centre ensured that good quality care was delivered to residents. For example, the centre was involved in a study on antimicrobial resistance (encouraging the judicious use of antibiotics). Following completion of audits, there was evidence that the issues were discussed at management meeting and a person identified to action the findings of audit. In this way audit was used a tool for continuous improvement.

Overall on this inspection improvements were ongoing and the managements staff indicated a responsive approach by management to regulation and improving the daily lived experience of residents.

#### Regulation 14: Persons in charge

The person in charge was familiar with the responsibilities of the role. She had the required qualifications and was knowledgeable of the regulations and standards for the sector.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels on the day of inspection were sufficient to meet the needs of the 41 residents in the centre.

An up to date staff roster was maintained and all staff present in the unit were included on the roster.

Judgment: Compliant

#### Regulation 16: Training and staff development



Staff training records indicated that staff had attended appropriate and mandatory training such as fire safety training, manual handling, prevention of abuse, infection control and dementia care.

Annual appraisals were undertaken and there was a comprehensive induction programme in place. Copies of these were seen in a sample of staff files reviewed.

Staff files were well maintained with evidence seen that each staff member had the required Garda Siochana vetting clearance in place prior to commencing employment.

Judgment: Compliant

### Regulation 21: Records

An improved system was required for receipting and recording personal monies spent on or behalf of residents.

While the total amount of money was correct within each person's envelope in the sample checked, the maintenance of more complete and comprehensive records was important for filing and checking purposes.

Judgment: Substantially compliant

### Regulation 22: Insurance

The centre was appropriately insured. A copy of the insurance certificate was made available to inspectors.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place ensured that the centre was safe, accessible and effectively monitored.

Resources had been made available to renovate the premises and consequently improve the lived experience of residents.

The provider had demonstrated a commitment to completing the remaining

renovations by the end of quarter one 2023.

An application to vary an existing registration condition related to this matter had been received by the Chief Inspector.

Judgment: Compliant

### Regulation 3: Statement of purpose

Some additional information and amendments were required in the statement of purpose.

The revised document and associated maps were submitted following the inspection.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notifications had not been submitted for all incidents specific under the regulations, for example a notification for suspected and confirmed cases of COVID-19, active at the time of the inspection, had not been submitted.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The procedure for making a complaint was displayed in the foyer of the centre.

Complaints were documented. The satisfaction or not of the complainant was recorded.

Complaints were trended and an overview of them was included in the annual review of the quality and safety of care.

Judgment: Compliant

### Regulation 4: Written policies and procedures

A sample of the required policies had been updated within the required time frame.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Fermoy Community Hospital, which was generally respectful of their wishes and choices. There was evidence that residents' needs were being met through good access to healthcare services and opportunities for social engagement. However, inspectors found that some improvements were required in the management of fire safety, medicines, personal possessions, premises and end of life care, in this dimension of the report.

Following a review of a sample of care plans inspectors were assured that residents' health care needs were met to a good standard. There was attentive care from the general practitioner (GP) services, including out-of-hours services. There were appropriate referral arrangements in place to services such as the dietitian, speech and language therapy (SALT), mental health services, occupational therapy (OT), dental and opticians. Records in a sample of care plans seen provided evidence that a comprehensive assessment was carried out for each resident prior to admission. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure sores, behaviour escalation and malnutrition. These assessments informed the care plans, which guided staff to deliver individualised, best evidence-based care. Residents' end of life care preferences were generally recorded in their care plans. Care and resuscitation wishes were reviewed and signed by respective GPs. This was discussed further under regulation 13: end of life care. The centre had access to specialised palliative care service if required. Residents had access to pharmacy services. Issues related to findings on medicine management were further outlined under regulation 29.

Residents' hydration and nutrition needs were assessed and regularly monitored. Where supplements were required these were prescribed by the GP. Inspectors saw that there were sufficient staff available at mealtimes to assist residents with their meals. Residents identified as having a risk of malnutrition or swallowing difficulties had appropriate access to a dietitian and to SALT and their recommendations were implemented. Residents who required modified and fortified diets were provided with meals and snacks prepared as recommended by the appropriate specialists. Inspectors observed that these meals were nicely presented.

The centre had a risk management policy in place that set out the specific risks as required by the regulations and the controls in place to mitigate such risks. There were systems in place to manage risk and as part of the risk management strategy the person in charge maintained a risk register, which was monitored in line with the

centre's policy. Fire safety management included certification for service of the alarm system and emergency lighting, maintenance of the fire extinguishers, organising fire drills and ensuring all staff attended annual fire safety training. A number of these certificates were seen to be displayed in the foyer of the centre. Some fire safety issues required attention and these were outlined under regulation 28 in the report.

Overall, the premises was clean and well maintained. Staff were, in general, observed to be following appropriate infection prevention and control guidelines in their work practices.

Residents were generally consulted about their care needs and about the overall service being delivered. They said they felt safe in the centre and staff were trained in how to respond to allegations of abuse. Advocacy arrangements had been accessed where necessary. Resident' meetings were held regularly and there was a good level of attendance by residents. Records indicated that issues raised at these meetings were addressed for example, a discussion on information about the progress of the renovations and new food choices were followed up.

### Regulation 11: Visits

Visitors followed the required infection control guidelines. Each resident had access to a nominated visitor as set out in the Health Protection Surveillance Centre (HPSC) and Health Service Executive (HSE) guidelines on normalising visits in nursing home.

Visitors were plentiful during the inspection.

Judgment: Compliant

### Regulation 12: Personal possessions

Wardrobe space was limited especially where the wardrobes were single size. Items were seen on top of wardrobes and in bags next to wardrobes. There was no space to hang long coats or dresses in the single sided wardrobes. This was especially impactful in the four bedded rooms in Cuisle which were cluttered in appearance even though currently there were only three beds in situ while the renovations were being undertaken.

In addition one relative spoken with said that the space for personal items was limited especially as the resident liked a supply of soft drinks next to her bed. These were positioned on a high corner shelf in front of ornaments and personal memorabilia.

Judgment: Substantially compliant

### Regulation 13: End of life

Clarity was required as to consultation in relation to decisions and choices for end of life care and interventions. Consultation with residents, relatives and staff was not clear from the sample of documentation seen.

Judgment: Substantially compliant

### Regulation 17: Premises

There were a number of aspects of the premises which required attention, notwithstanding the fact that there were building works underway at the time of inspection.

- Some desks and bed ends were skuffed and these required repair to ensure that they could be adequately cleaned.
- The layout and available individual space in some four bedded rooms was not suitable for meetings residents' social and care needs; For example: In one room there was a visitor present while personal care was being attended to for one resident.
- The overhead hoist was impeded by the location of one privacy screen and wardrobe which meant the hoist could not be used without the wardrobe being moved.
- Not all residents' lockers and wardrobes were adjacent to residents' beds due to the lack of space in some four bedded rooms.
- In the Cuisse unit staff said that it was difficult to attend to all resident's needs when the four beds were in situ, they described that the residents' needs could be attended to more easily in the room, using movement hoists or commodes, where one bed had been temporarily removed.

Judgment: Not compliant

### Regulation 26: Risk management

Risks had been assessed and addressed.

- Controls had been put in place to minimise harm where risks had been identified.
- The risk register had been updated since the last inspection with for example

risks associated with the management of an outbreak of COVID-19 and the building works.

- There were arrangements in place for recording, investigating and learning from serious events involving residents.

Judgment: Compliant

### Regulation 27: Infection control

Hand washing sinks installed did not meet the specifications set out in the national guidelines for such sinks.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Some elements of fire safety required review and premises upgrade:

For example:

- there was a missing roof tile in one 'plant' (electrics) room and there was a hole cut in the ceiling of another 'plant' room. This meant that smoke would not be contained within those rooms for a period of time should a fire start.
- There was a need for more frequent evacuation drills of the largest compartment while simulating the times of least staffing, such as at night time when four staff were on duty.
- The smoking area required some upgrades. The door out to the smoking area was held open with a stone.
- In addition, while a new location had been identified for the smoking shelter this had yet to be fitted out and communicated to all those who smoked.
- Due to the diverse layout of the centre an increased number of fire safety maps were required in each hallway to guide staff on their location ('you are here') in the event of a fire.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Ampoules of medicine which were no longer in use had not been returned to pharmacy as required under the regulations, even though a period of time had

passed since the resident had died.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plans were generally well maintained.

- Pre-admission assessment were undertaken.
- The content of the care plans guided staff on best evidence-based care.
- They were seen to be updated every four months and the content was subject to audit.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a range of health care and social care professionals.

- These included the general practitioner (GP), the occupational therapist (OT), the speech and language therapist (SALT), the dentist, the chiropodist and the wound care specialist.
- Residents had access to appointments with consultants such as psychiatrists, palliative care and orthopaedics.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A restraint register was maintained and regularly reviewed. Records showed that restraints such as bedrails were only used following a comprehensive risk assessment and there was evidence of alternatives, such as lower beds, in use. #

For those residents with a diagnosis of dementia there were appropriate records kept of residents' behaviour changes in their care plans: these included identifying 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 had taken reasonable measures to protect residents from abuse.

- Staff were adequately trained and knowledgeable in relation to the detection and prevention and response to abuse or suspected abuse.
- There was a system in place to investigate any incident or allegation of abuse.
- Adequate measures were in place for the management of the residents' finances. Where improved practice was required this was addressed under regulation 21: records.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were promoted in the centre:

- Residents' survey results and minutes of residents' meetings were reviewed. These indicated that residents were attending regular resident information meetings and were made aware of any changes in the centre. Residents indicated in these documents that their rights were respected and the advocacy service was accessible to them.
- Staff, residents and relatives assured inspectors that choices were respected in relation to visits, meal times, bedtimes, access to the outdoors, smoking choices, personal newspapers and mobile phones.
- Inspectors saw evidence to indicate that there was good communication with relatives and residents from the person in charge and staff throughout the COVID-19 outbreak.
- Activity group members organised suitable activities such as gardening, external musicians, art, bingo and exercises, to ensure residents' social and communication needs were met and supported.
- Mass was said in the centre weekly and other denominations were facilitated to meet their chaplain or priest.
- External outings were a feature of life in the centre.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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	Compliant



# Compliance Plan for Fermoy Community Hospital OSV-0000560

Inspection ID: MON-0035929

Date of inspection: 23/06/2022

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A Log Book has been introduced following the inspection to compliment the receipt system already in place. This will provide a more complete and comprehensive record of personal monies spent on or on behalf of residents. For transparency each resident will have page dedicated to their personal monies to assist filing and checking purposes.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Additional information and amendments were added to the statement of purpose as advised by the regulatory authority and a revised document and associated maps were submitted following the inspection.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: 3 Senior Nurse Managers have now been added to the HIQA Portal Notification System to assist in the continuity of making notifications to HIQA as per the regulations. Notification for Suspect/Confirmed Cases of Covid 19 were uploaded on to the HIQA	

Portal Notification System by close of business on the day of the inspection.	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>As per Regulation 12 and as evidenced in this report the Person In Charge in so far as is reasonable ensures the resident has access and retains control over his/her personal property, possessions a finances. Residents' bedrooms were seen to be decorated in a personalised manner where space allowed, with personal items, photographs and flowers on display. As per Standard 2.6 Staff in Fermoy Community Hospital strive to produce a home from home environment in space that is accessible and adequate to meet the Residents assessed needs and are actively encouraged and facilitated to decorate their area of personal space with furnishings from home and are decorated in accordance to their wishes. All residents who chose to avail of larger storage have been provided with same.</p> <p>Engagement with an Occupational Therapist, nurses and the residents &amp; their families in relation to their personal space will commence to maximise their comfort and to facilitate them choosing the layout of the space and furniture that best suits each residents' individual needs.</p> <p>Once the renovations are complete and residents are settled back into their own areas a review of space will take place to identify where other means of storage can be placed proximal to and according to the residents wishes.</p>	
Regulation 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life:</p> <p>Fermoy Community Hospital strives to deliver a very high standard of end of life care to residents. As per Standard 2.1 Each Resident has a Care Plan in place that is based on an ongoing comprehensive assessment of their needs and is implemented and reviewed on a regular basis to ensure it reflects their changing needs. It also outlines the supports required to maximise their quality of life according to their wishes. The requirement under the legislation to have Care Plans reviewed is integrated into the Cork Community Hospitals Audit Schedule. As per Standard 2.5 Residents care plans are constantly under review to ensure their end of life preferences are clearly documented to ensure dignity and autonomy are respected when residents begin this journey.</p> <p>This process commences on admission and involves the issuing of a booklet to the Resident to ascertain what those wishes are.</p> <p>Those wishes are then entered into a dedicated section of the Care Plan that focuses on</p>	

Spiritual Needs/Care. Where a Resident indicates a preference as to his/her location as they approach end of life care i.e. return home or a private room, the person in charge will facilitate this wish where it is reasonable to do.

Once a Resident begins their End of Life Journey an additional Care Plan is commenced to ensure all aspects of end of life care are incorporated into the care plan constantly referring back to the residents expressed wishes in the Spiritual Care Plan.

All Residents have documented decisions and choices for end of life care documented in their medical notes.

For clarity a Standard Operating Procedure will be drawn in consultation with the Medical Officer to capture the conversations that take place with resident's relatives and staff in relation to decisions and choices for end of life care and interventions.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
As per Regulation 17 and the statutes, the Registered Provider ensures the premises of the designated centre are appropriate to the number and the needs of Residents of the centre in accordance with the Statement of Purpose and provides premises which conform to matters as set out in Schedule 6. For the duration of the refurbishment and renovation project the number of Residents in Fermoy Community Hospital has been reduced to accommodate 44 Residents. Ultimately this Regulation will be addressed in its entirety with the completion of the Capital Project in Q3 of 2023

As mentioned in this report efforts had been made over the years to improve the lived experience of residents in the Fermoy Community Hospital. This work continues with the ongoing refurbishment and extension of the two remaining units, Cuisle and Dochas. An older unit, Sonas, has been partially converted into an administration unit while the remaining part is being refurbished. Inspectors observed on the day of the inspection that the work already undertaken was finished to a high standard. Once the current renovations are complete there will be an additional communal spaces toilet and shower facilities and single room accommodation for Residents.

An audit of all desks and bed ends will be audited to determine what items require repair. All Beds are cleaned and washed down on a weekly basis as per the cleaning schedule.

The layout of each resident's bed space will be assessed by an Occupational Therapist and will be adjusted to their individual needs and preference bearing in mind privacy and dignity. As renovations are progressed a continuous review will be undertaken to determine how best the facility can meet residents needs and choice. This will include an assessment of the location and type of hoist used in the 4 Bedded Wards of Cuisle and the location of wardrobes and lockers in both Dochas and Cuisle. On the day of the inspection the original configuration of the 4 Bedded rooms was altered by Staff to accommodate the needs of 3 Residents.

Fermoy Community Hospital always strives to ensure that the resident's personal space in each Unit is respected and protected. A visitor should not have been permitted to enter an area where personal care of another resident was being attended to. This

matter has been addressed by the Director of Nursing. All doors to bedrooms, toilets, bathrooms, private spaces have "Do Not Disturb" or "Do not Enter, Care In Progress" notices available for residents/staff to use. It is also important to note that all Residents in shared accommodation all have his/her own personal space protected by fully fitted fixed screens.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:  
 The ongoing works and refurbishment of the Designated Centre includes the removal and replacement of sinks that do not meet the specifications set out in the National Guidelines.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 As per Regulation 28 and Standard 3.2 Fermoy Community Hospital has effective arrangements in place to manage risk and protect residents from risk of harm including Fire. Certificates to this effect are displayed in the foyer of the centre. As this report outlines Fire Safety Management measures in place include certification for service of the alarm system and emergency lighting, maintenance of the fire extinguishers, organising fire drills and ensuring all staff attended annual fire safety training. In addition the designated centre provides adequate means of escape, has arrangements in place for Building Fabric and Services and has arrangements in place for detecting, warning, containing and extinguishing fires, calling of fire services and evacuation. As indicated in this report the procedures to be followed are contemporaneous and changes made as a result of the Capital Project are displayed prominently throughout the centre. The HSE Fire Officer had walked the Building on the 21st of June 2022.

- In addition 2022 saw
- Extra Training has gone into both units in preparation for the different Building Phases. Changes were included in the Daily Safety Pause and were followed up with Memo and Text. Education included changes resulting from the Capital Project.
  - Traffic Light System introduced to all 3 Units.
  - New PEEP Form has been distributed and introduced to all Units.
  - PAD Testing

The missing roof tile in plant room 1 was located on the day of the inspection and was replaced on the 23rd of June 2022.

The hole in plant room 2 was repaired and boarded up on the 24th of June 2022.

The Designated Centre had conducted 4 unannounced Fire Drills prior to the date of the Inspection. One of which included an unannounced fire drill of the largest compartment referred too in this report. An announced Fire Drill was carried out again to mimic Night Duty Staffing on this compartment on the 29th of June 2022 at the request of the Regulation Authority and a report forwarded outlining same.

It is important to note that on completion of the Ongoing Capital and Refurbishment Project this compartment will be further divided into 2 separate compartments with 10 and 8 Beds respectively. In the interim The Fire Drill Schedule will be updated to conduct more frequent evacuation drills of this compartment.

The furniture and cushions in the smoking area are fire retardant. Following the Inspection a new Fire Blanket has been installed in the area to compliment the other fire measures already in place i.e. fire apron, sand bucket and new signage has been ordered to enable residents to readily identify it as a smoking area.

Maintenance were asked to review the doors leading out to the courtyard on the 24th of June 2022 with a view to installing a system that would allow these doors to remain in an opening position yet would close in the event of a fire. Same has since been costed and approved and we are awaiting the installation of same.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Pharmacy Services for Fermoy Community Hospital are provided by a Pharmacy based in Ballincollig. The Hospital had made contact with the Pharmacy to arrange the collection of the ampoules of medicine no longer in use prior to the inspection. The medication in question however did require collection by a Pharmacist and was collected and removed from the hospital on the 21st of July 2022.

The Person In Charge has since written to the Pharmacy/Pharmacists to remind them of the requirement to collect medications no longer in use in a timely manner as is required under the regulations.





## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	01/09/2023
Regulation 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room),	Substantially Compliant	Yellow	31/12/2022

	such preference shall be facilitated in so far as is reasonably practicable.			
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.	Substantially Compliant	Yellow	01/07/2023
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	01/07/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	24/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	01/09/2023

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	01/09/2023
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	01/09/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(2)(i)	The registered	Substantially	Yellow	24/06/2022

	provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Compliant		
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	24/06/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	21/07/2022
Regulation 03(2)	The registered provider shall review and revise the statement of	Substantially Compliant	Yellow	31/07/2022

	purpose at intervals of not less than one year.			
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	24/06/2022