



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cobh Community Hospital
Name of provider:	Cobh Community Hospital
Address of centre:	Aileen Terrace, Cobh, Cork
Type of inspection:	Unannounced
Date of inspection:	28 October 2022
Centre ID:	OSV-0000558
Fieldwork ID:	MON-0037713

About the designated centre

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

Cobh Community Hospital was established in 1908. It is run by a voluntary Board of Management and cares for 44 older adults. The "Friends of Cobh Hospital" are involved in fund raising for the hospital. Medical care is provided by a team of local doctors and a pharmacist is available to residents and staff. Care plans are drawn up with the input of residents and their representatives where appropriate. Advocacy services are accessible. Activities are organised by activity staff and there are also volunteer activity providers such as musicians and companions. The older and main part of the hospital is laid out over three floor levels. The ground floor is split into two levels with the upper level accessible via a platform type lift or by a stairs consisting of six steps. Bedroom accommodation on the ground floor comprised four single bedrooms and two twin bedrooms. Bedroom accommodation on the upper level of the ground floor comprises one single en-suite bedroom and one four-bedded en-suite room. Bedroom accommodation on the first floor comprises three single bedrooms, four twin bedrooms and two four-bedded rooms. A new extension accessible through a corridor consists of 12 single en- suite bedrooms. The second floor is used primarily as office space but also contains an oratory. The first and second floors are accessible by a lift and stairs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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
Friday 28 October 2022	09:30hrs to 16:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

Residents who call Cobh Community Hospital their home told the inspector that they were happy living in the centre and they felt that their rights were respected. Overall, residents were very complimentary about the staff caring for them stating that they were very kind, pleasant and nice. The inspector spoke with all residents throughout the day and with eight residents in more detail. In addition, the inspector met with visitors who praised staff, care and communication. Residents informed the inspector that staff always answered the call-bells when they rang and that they were treated very well. Residents were seen to be happily occupied throughout the inspection day.

The inspector arrived unannounced to the centre at 9.00am, and was guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and wearing a face mask. Following an opening meeting with the person in charge, the inspector was accompanied on a tour of the premises. At this time residents were observed in their rooms having breakfast or in the sitting and dining room. Residents said they were happy with the central location of the centre within a short distance from the town of Cobh, which was convenient for visitors and for shopping trips. The inspector observed that there were sufficient staff on duty to attend to residents' needs and found that meaningful activity was part of the daily experience for residents. In relation to infection control, throughout the day staff were seen to wash their hands frequently, to use the hand sanitising gel appropriately and to wear personal protective equipment (PPE) such as masks, in the correct manner.

Bedroom accommodation was laid out over two floors and a mezzanine level, with the upstairs rooms mainly used to accommodate the more mobile residents, for safety reasons. Bedrooms were seen to be personalised with photographs, pictures, books and furnishing with the help of family and staff. Residents said that the centre felt 'homely' and they enjoyed the company of other residents in the various sitting areas. Residents told the inspector it was great to have free access to the outdoors and the inspector reviewed records of residents' meetings which showed that residents were encouraged to go outside, weather permitting. A resident who was 100 years old said that she was very happy with the independence which her walking aid provided. One resident told the inspector, "the care is very good", while another said that the "staff are kind and respectful". A resident stated that "bed, breakfast and dinner" were all good. The coffee morning every Wednesday was eagerly anticipated for the camaraderie and the "home made cakes". Residents spoke with the inspector about the group singing, yoga and dancing sessions which had resumed following the restrictions. They were relieved that hairdressing had returned and they looked well groomed as a result. Residents spoke positively about other initiatives such as aromatherapy and visiting entertainment groups. Other meaningful events were outlined under Regulation 9.

Documentation relating to residents' survey results and residents' meetings were

reviewed. This indicated a high level of satisfaction with the management team, the staff and all aspects of care. Minutes of residents' meetings and copies of the monthly newsletter demonstrated that a wide range of issues, including the COVID-19 risks, were discussed at the meetings as well as news from the community. Residents said that they were encouraged to maintain communication with family members and friends and were delighted to be able to meet their visitors in person again. Visitors were seen to be appropriately risk assessed on entering the centre. One relative said that she was happy with all aspects of the care and the effective communication with staff.

The meals were nicely presented with choice available to residents. Their food preferences were known to staff and requests were recorded in the minutes of meetings. A review of these records indicated that the catering team addressed areas for improvement as identified by residents such as suggestions regarding food choice and mealtimes. The provider had provided a well stocked kitchenette inside each sitting room which staff said was very convenient, as they could make a cup of tea for residents or relatives whenever they choose. A volunteer member of staff described how she supported residents to avail of morning and afternoon snacks and drinks. She was seen to prepare the lunchtime servings in the kitchenette while speaking with the inspector. The lunch and dessert served during the inspection appeared appetising and plentiful. Residents spoken with confirmed that food portions were generous and snacks were available between meals and at night time.

The inspector saw that there had been ongoing improvements to the premises and the external grounds. The centre was clean and generally appeared to be in a good state of repair and decoration. Since the previous inspection a number of improvements had been made and flooring had been replaced in parts of the centre. The inspector observed that the sections of new flooring, painting, new bed screens and newly developed communal rooms had greatly enhanced the environment for residents. Daily newspapers were available and were seen to be read throughout the day. The person in charge told the inspector that continuing redecoration of the centre was planned including, renewing flooring and painting in the areas where wear and tear had occurred.

Residents informed the inspector that there was attentive medical care available and they felt safe in the centre. Residents spoke about the daily events which kept them occupied. The inspector saw that there was a varied activity schedule in place with a staff member dedicated to this on a daily basis. There was detailed information available in the care plans in relation to residents' previous lifestyles and hobbies to guide staff when planning the activity schedule. Residents told the inspector that they were informed about the daily activities and could choose whether to attend or not. The inspector observed that residents had good levels of social contact and they were heard to engage and take part in the banter and fun generated by the activities.

Capacity and capability

The governance and management of the centre was well organised and the management team was committed to ongoing quality improvement. Overall the management team were knowledgeable of the standards and regulations for the sector. Some management systems were found to be comprehensive. For example, incidents and accidents were audited and any trends were identified, complaints were recorded and followed up, policies were up to date and an annual audit schedule was in place. Antimicrobial stewardship audits (judicious use of antibiotics) were undertaken and results were shared with other similar services. The 2021 review of the quality and safety of care was reviewed by the inspector. However, despite this good practice the inspector's findings on this inspection indicated a need for additional improvements in governance and management oversight to ensure compliance with the regulations on, fire safety, infection control, staff files, contracts and premises which were discussed in detail under the relevant regulations in this report.

Cobh Community Hospital is a voluntary hospital managed by a board of directors. One of the members of the board of management represents the provider (Cobh Community Hospital) for the processes involved in regulation and registration. He supported the management team at fortnightly meetings and whenever additional advice was required. Evidence was seen of regular meetings between this director, the board of management and the nurse management team to promote best practice in meeting residents' holistic needs and addressing premises and maintenance issues. The person in charge had responsibility for the day-to-day operational management of the designated centre and was supported by a team of clinical nurse managers and a team of nurses, health care assistants, catering, household, administration, volunteers and maintenance staff. There were 43 residents living in the centre on the day of inspection and one vacant bed. Handover meetings and 'safety pauses' (where staff exchanged pertinent information on each resident's status) held at intervals each day ensured that key information on residents' changing needs was communicated. Documentation recorded in the daily communication sheet, and knowledgeable staff spoken with, provided evidence of this.

Staffing was adequate to meet the needs of residents. The training matrix indicated that staff received training appropriate to their various roles. Records of meetings with all staff disciplines were available and staff said that their feedback was actively sought for the implementation of improvements within the centre. The person in charge assured the inspector that An Garda Síochána (Police) vetting clearance was in place for all staff, prior to them taking up their respective roles.

Records requested during the inspection were easily accessible: for example, care plans, health and safety records, complaints log and policies. These were, in general, comprehensively maintained. A sample of residents' care records reviewed by the inspector were found to be in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People)

Regulations 2013 (as amended). Copies of the standards and regulations for the sector were available to staff. Nonetheless gaps were found in the records required to be maintained in staff files, as outlined under Regulation 21.

Specified incidents had been notified to the Chief Inspector, in accordance with the regulations, in a timely manner. Complaints had been managed well and records were maintained.

Regulation 14: Persons in charge

The person in charge worked full time in the centre. She was engaged in continued professional development and held the required management qualifications.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection the staffing levels in place were sufficient to meet the needs of residents.

The staffing levels corresponded with the number of staff on the roster.

Judgment: Compliant

Regulation 16: Training and staff development

Training and supervision were well managed:

There was evidence that newly recruited staff had received an induction which included fire safety training. Annual appraisals were undertaken for staff.

A comprehensive training matrix was maintained and this indicated that a range of appropriate training was undertaken by staff. Safeguarding training, fire training and moving and handling training were seen to be attended. Training in infection prevention and control, including hand hygiene and the donning and doffing of personal protective equipment (PPE) was provided through in-house, and Health Services Executive (HSE) online, training.

Staff were appropriately supervised as there were sufficient nursing staff of a managerial level in the centre.

Judgment: Compliant

Regulation 21: Records

The records required under Schedule 2 of the regulations relating to staff files were not all maintained:

For example, in the sample of staff files reviewed the photographs available were not a definitive form of identity such as from a driver's licence, national identity card or a passport.

Gaps were seen in the curriculum vitae (CV) for one staff member.

Judgment: Substantially compliant

Regulation 22: Insurance

The centre was appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

While there were some comprehensive management systems established, further managerial systems and managerial oversight were required to address a number of outstanding issues.

Some management systems pertaining to the oversight of fire safety and risk management were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored:

This was evidenced by:

Fire safety:

- A small number of fire safe doors did not close properly which meant that their effectiveness to control fire and smoke was limited.
- A number of gaps where the ceilings had been accessed for heating pipes and other plumbing needs had not been sealed for fire stopping purposes.

Premises issues:

- Some painting and flooring required upgrading and more storage space was required for commodes, wheelchairs and laundry trollies.

Records:

- Staff files and contracts did not conform to the regulatory requirements as outlined under the respective regulations in this report.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained the details and information set out under Schedule 1 of the regulations for the sector.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers were appropriately trained and the required An Garda Siochana vetting had been obtained for these members of the supporting staff.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were managed well:

A summary of the complaints procedure was displayed prominently near the main entrance to the centre and was included in the statement of purpose. It included information on the appeals process and contact details for the ombudsman.

The inspector reviewed the complaints book. It was evident that complaints had been addressed. There was a detailed account maintained of each complaint as well as the learning for staff. Residents said they felt confident that any complaints would be addressed.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required under Schedule 5 of the regulations had been developed and updated on a three yearly basis in line with regulatory requirements.

There was a suite of infection prevention and control policies in place.

The centre's outbreak management plan defined the management and practical arrangements to be instigated in the event of an outbreak of COVID-19 infection.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The contracts were not fully compliant with the requirements of the regulations:

A sample seen did not contain details of all fees payable by residents.

For example, the cost of hairdressing and the chiropody service was not included,

Judgment: Substantially compliant

Quality and safety

Overall, residents in Cobh Community Hospital were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of ongoing consultation with residents and their needs were being met through timely access to healthcare services and opportunities for social engagement. Findings on this inspection were that the provider had made continuous efforts to bring the centre into compliance in the quality and safety dimension and had addressed a number of the findings from previous inspections. Nonetheless, this inspection found that some improvements were required particularly due to the age and era of the building. Notwithstanding the positive findings highlighted throughout the report, further review and improvement under Regulation 27: Infection control, Regulation 17: Premises and Regulation 28: Fire safety, was required.

The centre was nicely decorated with good quality curtains, furniture, pictures and ornaments throughout. New signage had been put up and this supported some residents to independently mobilise around the building and locate their bedrooms

and communal rooms. Lovely pictures of the local Cobh area decorated the walls. There were a number of communal rooms seen to be in use in the centre such as, a large sitting and dining room and a visitor's 'parlour' room and snug. A "bed-settee" for visitors' overnight use was available in this room and a well-tended fish tank took pride of place in the corner. A good choice of sitting areas were available for personal preference to facilitate residents in how they spent the day or where to go with a visitor for added privacy. Some issues relating to premises were described in more detail under Regulation 17.

The centre appeared clean and fresh. Staff were seen to attend to cleaning and disinfection tasks throughout the day. Infection prevention and control training had been undertaken by staff and the centre had availed of the services of an expert public health nurse with infection prevention and control expertise who organised training and audit in this area. Since the previous inspection the janitorial room had been equipped and a sluice room had been extended. Other aspects of infection control requiring attention were outlined under Regulation 27.

In relation to fire safety there was certified emergency lighting in place and fire fighting equipment such as fire extinguishers and fire blankets were provided and serviced. The fire safety register and policy was available for review and detailed fire evacuation drill records were maintained. The local fire brigade and a number of volunteers were available in the event of a fire in the centre. A 'walkie-talkie' system was in use for cross communication between the two systems in use for fire alarm detection. Nevertheless, during the day the inspector found unidentified risks and issues of concern relating to fire safety. A number of fire safety risks were found which were discussed with the maintenance person. For example, fire safety doors were highlighted for adjustment and new intumescent strips (to prevent the escape of fire and smoke) were required on some doors. Fire safety deficits were described under Regulation 28.

The inspector was assured that residents' healthcare needs were met to a good standard. There was attentive care from local general practitioner (GP) services, this included access to out-of-hours services. Records in a sample of care plans seen evidenced that validated assessment tools were used to identify clinical risks such as risk of falls, pressure sores and malnutrition for which expert opinion, such as physiotherapy and dietitian, was sought where necessary. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation while engaging in staff training and audit of the systems in use.

Residents were generally consulted about their care needs and about the overall service being delivered. They said they felt safe in the centre and confident that staff would respond to their concerns. Advocacy arrangements had been accessed for a number of residents. Resident' meetings were held regularly and there was a good level of attendance at these.

Some required improvements in relation to the quality and safety aspects of care were detailed under the respective regulations in this dimension of the report.

Regulation 17: Premises

The inspector found that there were a number of issues to be actioned in the maintenance and appearance of the premises.

In some cases these were due to the age and era of the premises, such as:

- flooring required replacement in some rooms and some scuffed areas required painting.
- a loose tile was noted on the ceiling.
- there was a lack of storage rooms available for linen trolleys, commodes and hoists.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy did not contain the risks associated with fire safety as found on inspection.

The controls and actions to control these risks were not set out in the policy.

Judgment: Substantially compliant

Regulation 27: Infection control

There were a number of areas requiring attention in order to ensure that the procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff:

For example:

Some surfaces and finishes were worn and poorly maintained and as such did not facilitate effective cleaning.

There was a limited number of hand-wash sinks in the centre and many were dual purpose used by both residents and staff. Hand-wash sinks for staff use did not comply with current recommended HBN 00-10 Part C specifications.

Storage space was limited. As a result there was inappropriate storage of equipment including wheelchairs, commodes and used linen trolleys throughout the centre. For example, commodes were stored in shower rooms which should be maintained as 'clean' rooms for infection control purposes.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had failed to meet the regulatory requirements in relation to fire precautions to ensure that residents were adequately protected from the risk of fire:

The registered provider had not made adequate arrangements for the containment and detection of fire:

- Fire doors required adjustment as a number did not close properly.
- Intumescent strips were required on some doors.
- Smoke detectors were required in one toilet and in two store rooms
- It was unclear if one off the older attic hatches in the clinic room had the required fire rating.

The process for the identification and management of fire safety risks was not adequate.

- There was no evidence that fire safety risk assessments had been done, and made available to the centre, on the adjoining day care area which was accessible by stairs from the centre and adjoined it.
- In the small clinic room there was an open box on the wall with wires from the old bell system visible, this required risk assessment to ensure that it did not present a fire risk,

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were well managed in the centre.

Medicines were provided by a pharmacy who provided advice, audit and training for staff. Staff nurses had undertaken updated training in medicine management. Issues with the electronic prescribing system had been resolved and the signed prescription was now available to the nursing staff to support safe medication administration.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and reviewed four monthly.

A sample reviewed were seen to reflect the assessed needs of residents and the content guided staff in best practice.

Evidence- based clinical assessment tools informed the development of care plans.

Care plans were personalised and based on life story information.

A number of residents were seen to have been consulted about their personal plans including their wishes for care at end of life.

Judgment: Compliant

Regulation 6: Health care

In this centre residents' healthcare was well managed:

Residents were regularly reviewed by a group of GPs. In a sample of residents' files reviewed there was evidence of access to health and social care professionals such as, the physiotherapist, the dentist, the optician, dietitian and occupational therapist (OT). Since the previous inspection the services of a physiotherapist and an OT were now regularly available for residents on a monthly basis. Residents who had skin wounds had appropriate care plans in place and dressings were seen to have been carried out in accordance with advice from the tissue viability nurse (TVN).

In addition, residents who were required to use restraints such as a lap belt or bed rails had appropriate risk assessments and consents in place.

Quality Care-Metrics were used to monitor compliance with documenting resident's infection status and the appropriate management of invasive devices. The clinical nurse manager (CNM) explained that the centre was a pilot site for a system of quality nursing metrics with the HSE.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The majority of staff were trained in the updated knowledge and skills in managing the behaviour and psychological symptoms of dementia (BPSD).

Care plans had been developed for the management of behaviour associated with the effects of dementia, in a non pharmaceutical manner. Appropriate assessments were carried out when any behaviour escalation was identified, with the aim of de-escalation and learning to identify any needs being expressed.

Judgment: Compliant

Regulation 8: Protection

Residents said they felt safe in the centre and that staff were good to them.

On the day of inspection staff interactions with residents were seen to be kind and supportive. All staff had received training in the prevention, detection and response to abuse, according to the records made available for inspection. Staff spoken with were aware of what constituted abuse and how to make their concerns known to senior management.

Any form of restriction such as bedrails was subject to audit and evaluation and residents were asked for their consent if it was required.

The centre did not act as a pension agent for any resident and receipts were maintained for services such as chiropody.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted and protected as evidenced throughout the day:

Residents were confident when speaking with the inspector. There was evidence that the rights and diversity of residents were respected and staff had completed training on a human rights based approach. Activities were undertaken which interested and engaged residents. Bingo, quiz, music, balloon games, mass and newspaper reading were observed on the day of inspection.

Residents said they enjoyed an outdoor parties and barbecues in the summer. The centre had been gifted a pet dog which was taken to residents' rooms each morning to meet and greet with them. The dog was beautifully groomed and taken home each night by a member of staff. The person in charge described how the visits with the dog had helped those who were non verbal or depressed to communicate more

effectively.

Residents had access to TV, radio, computer and internet access and many residents got an individual daily newspaper delivered to them in the morning. The inspector saw residents reading their preferred newspaper and also attending mass on the day of inspection.

Residents said that they had a choice of when to get up and go to bed, what to wear and where to have their meals. Visitors were welcome and residents were supported to make private phone calls. Mobile phones were seen to be plugged in to charge and staff were heard to engage with residents in a respectful and dignified manner. Residents were well dressed in their individual styles and their hobbies and past lives were known to staff and supported by the pictures, care plans, books and conversations in the centre.

Community involvement was evident and staff said the local community, fund raisers and volunteers were very supportive. Residents were also seen to wear their glasses and hearing aids which aided good interaction and involvement.

Visitors spoken with praised the staff and the care available to enable their older people to optimise their older years. They said that communication was good at the time of the restricted visiting and residents felt confident that any concerns would be addressed.

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
Capacity and capability	
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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cobh Community Hospital OSV-0000558

Inspection ID: MON-0037713

Date of inspection: 28/10/2022

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
<p>Outline how you are going to come into compliance with Regulation 21: Records: All staff requested to send passport/Drivers licence/ NIC to hospital for inclusion in HR files for those who had not done so already. CV mentioned in report had a typo on same. Spoke with staff member, she had no gaps, but had typed 2008 instead of 2009. She immediately corrected and sent in new copy of CV for file. Completed.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1) Fire: more detailed compliance plan noted in Reg 28 below. Fire Sealant applied to all areas where pipes were running into attic spaces to ensure fire sealing of compartments.</p> <p>2) Premises Storage is an ongoing issue. No additional rooms available in the building for storage. A new sluice is currently being commissioned however to take storage of commodes out of bathroom areas.</p> <p>3) Records Addressed above in Reg 21</p>	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Cost of additional services such as Hairdresser, Chiropodist added to all new and existing contracts and families contacted and given copies of costings of these services. Completed.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Flooring refurbishment is dependant on community fundraising as no Capital Budget is given from HSE for these refurbishments. Flooring in larger parts of the building have been completed but flooring for individual rooms is ongoing.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Risk assessments associated with fire safety were completed but were in the Risk Register not appended to the Policy. Some have been appended to the Fire Safety Policy also at this time to ensure they can be seen by all reviewing the Policy.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Hand wash sinks- very limited space to place handwash only sinks, plans to have all sinks replaced with HBN 00-01 graded sinks where budget allows.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In response to the recent HIQA inspection a comprehensive inspection of all fire doors throughout the campus is currently being carried out. The process of replacing and upgrading intumescent fire strips where deficiencies are found is underway. Excessive gaps in doors are being addressed with the addition of proprietary fire door stop gap units. The additional detectors are scheduled for installation and commissioning within a maximum 4 week timeframe. The fire hatch for the clinical room has arrived and is awaiting installation by the builder. The adjoining common areas of the day care centre were risk assessed in January 2020 and the following works were carried out as a result of deficiencies identified- Curtain walling installed in all attics to ensure full integrity of compartments. A disused stairwell partitioned off. Addressable fire detectors from the hospital panel installed within the Park road. A fire risk management team has been formed which is to implement a fire safety management program and also includes a representative of the Park road centre.</p>	

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(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.	Substantially Compliant	Yellow	30/06/2023
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	30/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	30/03/2023

	effectively monitored.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	13/12/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	13/12/2022
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	13/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the	Substantially Compliant	Yellow	30/03/2023

	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	28/02/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/01/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/12/2022