



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Youghal Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Cork Hill, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	19 June 2019
Centre ID:	OSV-0000577
Fieldwork ID:	MON-0024105

About the designated centre

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

Youghal Community Hospital was built in 1935 by Murray Brothers of Youghal who still operate a Construction business in the town. It initially was known as the Cottage Hospital and it was run by a religious order of nuns called Poor Servants of the Mother of God under the Cork Health Authority. The religious community left the management of the District Hospital in August 1985. The hospital services and the campus are now managed by Health Service Executive (HSE) Social Care, Cork Kerry Community Health Care. Accommodation is provided for male and female residents usually over the age of sixty five, however there may be circumstances when this can change. Care can be provided to an individual under sixty five following a full needs assessment prior to admission. The maximum number of residents who will be accommodated in the hospital is thirty eight. The bed designation is as follows: 30 continuing care beds: four respite beds: two community support/convalescent beds and two palliative care beds. There is 24 hour nursing care available from a team of experienced and highly qualified staff. The nursing team is supported by a consultant and general practitioners (GP), as well as a range of allied health professionals. The centre is also staffed by a dedicated team of health care assistants (HCAs) & multi-task attendants who work under the advice and guidance of the staff nurses. All of these staff have completed a relevant Fetac Level 5 care course. Youghal Community Hospital also provides placement for student nurses from University College Cork. All admissions to the hospital are pre-planned. On admission to the hospital and at intervals, the nursing staff under take a full assessment of the residents' physical, emotional, cognitive, social and spiritual needs as part of the care planning process. A full medical review of each resident's medications is undertaken every eleven weeks and more frequently if required. The residents' care plans are individualised in collaboration with residents and representatives, who are informed of any changes. We strive to ensure that care practices reflect a person-centred approach to care and promote the resident as an equal partner in his/her own care. All efforts are made to ensure the independence of each resident, to ensure that choice is provided to each resident on their activities and to provide an opportunity to participate in meaningful activity each day. A choice of meals is available daily and menus are displayed in the dining room. To meet the religious needs of our residents priests and ministers from all denominations visit residents. Mass is celebrated in the Day Room on Friday's and communion is available to residents weekly.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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How we inspect

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
19 June 2019	10:30hrs to 18:00hrs	Mary O'Mahony	Lead
20 June 2019	10:00hrs to 14:00hrs	Mary O'Mahony	Lead

Views of people who use the service

The inspector spoke with the majority of residents accommodated in the centre during the inspection. Residents said they felt safe and well cared for and they knew the names of the person in charge and staff members. They described staff as approachable, kind and helpful.

The majority of residents reported satisfaction with the food and said choice was offered at each meal time. They complimented the home baking which they looked forward to and enjoyed daily. Residents said that they had a choice about when they got up in the morning, retired at night and where they were served their meals. They were delighted with the newly developed dining room. They said that they had input into the decoration of this room as regards the delph and the decor. There was general approval expressed with laundry services. Clothing was marked and laundered to residents' satisfaction.

Residents with whom the inspector spoke were very happy with the activities and said they particularly enjoyed the music sessions, exercises, dance and art sessions. A number of residents spoke with the inspector about the celebration days and the summer parties last year. A number of residents said that they knew who to approach if they had a complaint and they said that felt concerns would be addressed. Residents said they were consulted with on a daily basis and residents' meetings were facilitated also. They were particularly happy to be near home for their older years and said that they loved the sea views through the large picture-windows. Their visitors came to see them on a regular basis and a number of residents were seen to go out for part of the day with relatives. One resident said that the centre was her "home" having residing there for ten years, while another resident was heard to say that she "was glad to be back home" when she returned following an outing with relatives.

Capacity and capability

There were effective management systems in the centre which ensured that good quality care was delivered to residents. Residents' care and safety needs were discussed in more detail in the Quality and Safety dimension of this report. The management team were proactive in response to concerns as they arose, and where necessary, issues were addressed and rectified.

The centre was operated by the Health Service Executive (HSE) who was the registered provider. The provider representative was available to the management team on a weekly basis or when required. The inspector saw that there was a

clearly defined management structure in place. The centre was managed by an appropriately qualified person in charge who was responsible for directing the care and leading the care team. She was supported in the role by a Clinical Nurse Manager 2 (CNM2), nurses and a health-care team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure. They told the inspector that they were facilitated to communicate regularly with management personnel and were aware of their reporting obligations.

There was evidence of good oversight by the provider representative and regular meetings were held with nurse managers from the community hospitals in the area. These meetings were a forum for discussion, sharing of ideas and promotion of developments in services and practices. Results of audits, complaints management and key performance indicators were reviewed and discussed at each meeting. The person in charge also held regular meetings within the centre with staff from all roles. Staff said that these staff meetings and staff handover meetings ensured that information on residents' changing needs was communicated effectively.

The service was appropriately resourced. Staffing levels were in line with that described in the statement of purpose. Staff reported that it was a supportive workplace and staff retention was high. The inspector saw that systems had been put in place for monitoring the quality and safety of care provided to residents. Key clinical data was collected including on the management of pressure ulcers, falls, the use of psychotropic medications, bed rails, complaints and health and safety issues. A quality management system which included reviews and audits was in place to ensure that the service provided was safe and effective. Incident recording and investigation processes included an assessment of learning and a revision of practice where necessary. The inspector saw that the regulatory comprehensive annual review of the quality and safety of care had been undertaken by the management team. This review was made available to the inspector and there were a number of recommendations and actions from this review that had been addressed.

There was evidence that staff received training appropriate to their various roles and staff reported that the training provided kept their knowledge and skills up to date. The training provision enabled staff to provide best practice, evidence-based care to residents. Staff supervision was implemented through monitoring procedures and appraisals. The presence of senior nursing staff on each rota ensured appropriate supervision at all times.

Good systems of information governance were in place and the records required by the Regulations were effectively maintained. Copies of the appropriate Standards and Regulations were readily available and accessible to staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the Regulations were securely stored, maintained in good order and easily retrievable for inspection purposes. Residents' records such as care plans, assessments, medical notes and nursing records were accessible to the inspector. Other records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and were seen to be comprehensively maintained. The centre had developed and

implemented the required policies on recruitment, training and vetting that described the induction process for new employees. Job descriptions, Garda Vetting (GV) clearance arrangements and probation reviews were specified to new staff in conjunction with policy requirements.

Regulation 14: Persons in charge

The person in charge fulfilled the regulatory requirements for a person in charge of a designated centre. She was clinically skilled, experienced and highly qualified in older adult nursing and health care management.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were adequate to cater for the needs of residents. A weekly roster was available and the sick leave policy was implemented.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was undertaken at intervals. All staff had attended the training courses which were mandated by the Regulations. Staff spoken with were knowledgeable and said they strived to meet the holistic needs of residents.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained in line with the requirements set out in Schedule 3, Part 3, of the Regulations.

Judgment: Compliant

Regulation 21: Records

The required records were maintained in the centre, they were accessible to the inspector and were securely stored for the designated time frame.

Staff files were complete. All staff had the required Garda Vetting (GV) clearance in place prior to commencement of employment.

Judgment: Compliant

Regulation 22: Insurance

The centre was appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

There were clear governance and management arrangements in place to ensure the centre was providing the service, described in the statement of purpose, to meet the needs of residents.

Audits were comprehensive and informed learning and improvement.

A comprehensive annual review of the quality and safety of care delivered to residents had been completed.

An action plan for the year ahead, to include environmental improvements, had been developed.

Staff supervision was in place and additional resources to enhance residents' lived experience were made available by the provider (HSE), when required.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Not all contacts included the room number and number of other occupants in the bedroom accommodation, as required under S.I. 293 (2016) of the amendment to

the Care and Welfare Regulations 2013.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
This document was revised annually and contained all the information set out in Schedule 1 of the Regulations. This included arrangements for respecting the privacy and dignity of residents and details of the services and facilities available to residents.
Judgment: Compliant
Regulation 31: Notification of incidents
Notifications of significant events and incidents had been submitted to the office of the Chief Inspector.
Judgment: Compliant
Regulation 34: Complaints procedure
Complaints were followed up, recorded diligently and investigated, where necessary. Records of complaints, responses and outcomes were clearly documented. This approach indicated a transparency and openness in complaints management.
Judgment: Compliant
Regulation 4: Written policies and procedures
Policies to guide practice were available and updated within the three-yearly time frame set out for review. Staff members signed when they had read these and policy guidelines were seen to reflect practices in the centre, for example, the nutrition policy and the policy on

safeguarding older adults in designated centres.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a very good quality of life which was respectful of their wishes and choices. Residents' needs were being met through good access to health care services and opportunities for social engagement. The quality of residents' lives was enhanced by the beautiful, scenic surroundings and also by the provision of interesting activities and events. The inspector found that an ethos of respect for residents was encouraged and palpable in the centre. Residents were chatty and appeared to have a strong sense of well-being. Along with their relatives they gave the inspector positive feedback regarding all aspects of life, and care in the centre.

A group of general practitioners (GPs) provided medical services to residents and medical care was accessible on a daily basis including weekends, if required. Person-centred documentation was seen in residents' care plans. These plans were used to guide staff where specific needs had been identified for individual residents. A sample of medical records reviewed confirmed that residents' needs were regularly attended to. Specialist consultant services were also available to residents. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' health care needs were met to a high standard.

The centre ensured that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were generally safeguarded. Resident surveys had been undertaken. In the minutes of meetings seen by the inspector there was evidence of consultation with residents and relatives. The inspector found that issues raised by residents were brought to the attention of the person in charge and actions taken were discussed at subsequent meetings. The activity programme included, baking, music, reminiscence, imagination gym, outings and chair based exercises among others. There was evidence that the centre and residents who lived there were central to the local community, with local school children visiting and entertainment groups and pet therapy facilitated. Arts and music groups were invited to the centre and staff and residents were preparing to welcome the "Iron Man" event to the local town, on the weekend following the inspection. A varied and interesting social programme was in place and residents' art work was displayed throughout the centre. Advocacy services were accessible to residents as required.

Nevertheless, the inspector found that while the programme was impressive and extensive there were times when staff were not available to lead and coordinate the activities. For instance, on one week there was only one day set aside for activities

and on another week there were three days allocated. When either of those two staff were off duty or on holidays there was no replacement available. In addition, the designated activity staff member would be asked to replace a member of the care staff, if there was a shortage on a particular morning. In other words there was a lack of dedicated hours set aside for the social programme over a six or seven day period each week. This arrangement meant that there was lack of continuity and certainty about the programme. The inspector found that consequently the documentation in relation to activities was not always recorded in residents' social care plans. Additionally, garden access was limited and residents had no safe area to access the outdoors to avail of the lovely scenic views of Youghal bay. This was elaborated on under Regulation 9: Residents' rights.

The centre was currently subject to a condition of registration that reconfiguration of the physical environment be completed by the end of 2021. This was based on a commitment given by the provider to the Chief Inspector of Social Services. The plans included the construction of an extension to the existing building, as well as other improvements to the layout and facilities, including storage and dining space. Measures to improve the environment had commenced and included general painting and decorating of halls and stairwells. A small sitting room on the ground floor was available as a private visiting space for residents, a dining room suitable for 15 residents had been completed and a small sitting room had been provided upstairs.

Accommodation was laid out over two floors with capacity for nineteen residents on each floor. Access between floors was serviced by both stairs and lift. The layout of accommodation and facilities were seen to be in line with those detailed in the statement of purpose. In summary, the ground floor comprised two single and two twin rooms, as well as three wards accommodating three residents in each. All of these rooms were equipped with a wash-hand basin, wardrobe, chair and lockable storage. There was also one four-bedded ward on the ground floor that had an en-suite facility. On the first floor there were seven single rooms, three of which had an en-suite facility. There were four, three-bedded wards and three single rooms on that floor with a wash-hand basin, lockable storage, a wardrobe and chairs for seating. Bathroom and toilet facilities were accessible and appropriately located throughout the centre. There was an assisted bath available on each floor. Assistive equipment such as overhead hoist equipment was available to residents. The kitchen on the ground floor was appropriately equipped to deliver a catering service to residents. There was one large day-room on the ground floor which was furnished with seating to watch TV, listen to music or enjoy the scenery. A very small sitting room had been made available upstairs which the inspector saw was only suitable for four people at the most, depending on the type of seating required by each resident. This was the only communal space upstairs where residents could sit, other than in their bedroom or in the ward.

Moreover, storage facilities were limited, wardrobes were very small in the seven three-bedded rooms and assisted bathrooms were being used to store equipment such as hoists and wheelchairs. Due to the lack of space in the three-bedded rooms there was no space available for residents' chairs other than in front of the wardrobes. This limited access to wardrobes for residents who were often feeble

and found it difficult to manoeuvre around the confined space. Staff informed the inspector that a number of residents in these rooms required two staff to attend to their care needs. This meant that their beds had to be moved out from the wall to allow staff to stand at each side of the bed. The realigned bed encroaching on the bed space of the adjoining resident while care work was in progress. Staff reported that it was difficult to protect residents' privacy within the confined spaces.

As identified on previous inspections, the day-to-day experience of all residents living there on a long term basis remained compromised, in relation to the appropriate provision of privacy for the conduct of personal activities, the storage and access to personal belongings, the provision of adequate communal space and space to meet visitors in private.

Management acknowledged that the constraints of the environment impacted on the quality of life for residents, in relation to their privacy, autonomy and freedom of choice. While a private room was available for residents to receive visitors, the privacy needs for residents who might have to remain in bed in a multi-occupancy room could not be fully met. Although privacy screens were in use, these were inadequate in ensuring privacy of communication between residents and visitors, or during medical consultations.

Staff and management were seen to make every effort in managing the privacy and dignity of residents to the extent that the environment permitted. All staff were seen to use the screens appropriately and to ensure that doors were closed during personal care. All staff communicated appropriately with residents and were seen to be courteous and attentive. Staff spoke with residents in the course of their duties and explained what they were doing when providing care. There were no restrictive visiting arrangements in place and visitors were seen to regularly come and go throughout the inspection. Where closed circuit television (CCTV) monitoring was in use, it was restricted to public access areas. This was supported by a policy and did not impact on the privacy of residents or visitors as they went about their day-to-day activities.

In summary, while attempts had been made to improve the communal accommodation and storage provision the design and layout of the premises did not conform to the matters listed in Schedule 6 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Regulation 11: Visits

Visitors were welcome at any time. Visitors were plentiful at the time of inspection and were seen to accompany residents to the shops or on visits to their home

Judgment: Compliant

Regulation 12: Personal possessions

While some of the residents had regular size wardrobes those residents in the three-bedded rooms only had access to half-height wardrobes, approximately one and a half metres tall by 25cms in width. This meant that they were limited in the choice and amount of clothes and possessions available to them.

There was limited space for personal items in their small lockers also as various toiletries, pads, ointments, wash basins and creams were stored in the shelves.

Judgment: Not compliant

Regulation 13: End of life

Staff were trained in caring for residents at the end of life. There were good practices in place for this aspect of care. Documentation was detailed, personal and complete. Residents requiring end of life care were seen by the doctor, who visited daily. Family members who spoke with the inspector expressed their satisfaction with the care of their relatives.

Judgment: Compliant

Regulation 17: Premises

The premises was well maintained and staff had made the most of what space was available to them, within the confines of an old building. A new dining room had been developed recently and this was very popular with residents. The hallway was furnished with a hall table and lamp which added a homely ambiance.

However there were a number of challenges for staff and residents in the centre

- in multi-occupancy bedrooms phone facilities could not be used in private
- residents in multi-occupancy rooms who were not well enough to go to the private visiting room had no option but to receive visitors next to their beds on the ward
- limited dining and communal space meant that residents were restricted in how and when they could engage and interact

- residents in multi-occupancy rooms were restricted in exercising personal choice in relation to choice of programmes on TV, or to privacy, when another resident called out due to the symptoms of their illness
- residents of multi-occupancy rooms who did not want to participate in an activity had little choice but to return to their bedroom as alternative space was not available
- a number of wardrobes were so small that bags of clothes for laundry were stored on top and inside of the already cramped space
- beds had to be located up against the wall in the three-bedded rooms as there was not enough space to place beds in a position where two staff could attend to a resident from both sides of the bed
- residents' chairs were located in front of their wardrobes due to the lack of space in the three bedded rooms.

Judgment: Not compliant

Regulation 18: Food and nutrition

Food was seen to be plentiful and well presented. Choice was available and menus were available on each table. Modified and specialised diets were catered for. Staff were trained in supporting residents with their meals and were found to be aware of those who had swallowing difficulties. Supplements were seen to have been prescribed by the GP when a resident was at risk of malnutrition. The MUST tool was used to evaluate this risk and the dietitian was seen to have been consulted where the MUST score indicated a risk.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available and updated when changes occurred. It was evident to the inspector that residents had been consulted about the layout and decor in the new dining room. Notice boards were seen to contain relevant information. TV and radios were turned on and residents were aware that the Ascot races were on TV. Visitors brought news from the town and daily newspapers were supplied to residents.

Judgment: Compliant

Regulation 26: Risk management

Risks in the centre had been assessed and there was a comprehensive risk register in place.

Judgment: Compliant

Regulation 27: Infection control

The centre was very clean. Staff were seen to use protective aprons and gloves when appropriate. They informed the inspector that they had been trained in correct and effective hand washing technique.

There was an infection control policy in place to support practice in the centre and the rate of infection within the resident population was low.

Judgment: Compliant

Regulation 28: Fire precautions

Weekly and daily fire safety checks had been undertaken and documented.

Fire training and fire drills were documented.

Equipment had been serviced as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management was generally good. However, some signatures had not been inserted when signing for the administration and checking of medicines. A number of medicines no longer in use were stored in the medicine cupboard instead of being returned to pharmacy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were compiled with residents' involvement.

They were detailed and indicated that a range of assessments were undertaken for residents. This included a comprehensive pre-admission assessment to inform the person in charge of residents' needs. This enabled her to evaluate if the centre had the required resources to meet these needs.

Judgment: Compliant

Regulation 6: Health care

Health care needs of residents were attended to. Residents had access to medical care on a daily basis which was the subject of praise by residents. Allied health care personnel including, dietitian, speech and language therapy (SALT), dental, optical, physiotherapy, occupational therapy (OT) and podiatry were also accessible to residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were trained in updated knowledge and skills in managing the behaviour and psychological symptoms of dementia (BPSD). This meant that care plans were developed for residents, based on best-evidence based practice, which ensured optimal care for such residents.

Judgment: Compliant

Regulation 8: Protection

Residents were protected from all forms of abuse by regular training of staff, a zero tolerance of abuse and follow up of any concerns raised by residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were generally respected in the centre. They were encouraged to

attend the new dining room and to use the private visiting space. Meetings and surveys were held to ascertain if they were happy and how their lives in the centre could be improved. As previously stated provision for regular activity had yet to be established in the absence of a dedicated activity coordinator. Residents had access to a religious minister of choice and mass was said weekly in the chapel, which had a special artistically-designed stained glass window installed.

Space for clothes and personal possessions was limited in the three-bedded rooms, where there was insufficient space for regular sized wardrobes in which to accommodate residents' clothes and belongings. Laundry baskets had yet to be provided to all residents and soiled clothes were visibly stored in orange bags awaiting collection. There was a substantial challenge in relation to the provision of adequate space and storage facilities in the centre, according to management staff.

While there were extensive grounds and green areas around the building these were not fully accessible to residents as the centre was surrounded by parking spaces and access roads. There was a small area set aside for outdoor seating. However, even though this area had been furnished with nicely painted garden furniture, residents would have been at very high risk of an accident or incident, if unaccompanied outside. This was due to constant traffic accessing the dental clinic nearby, and also the fact that there was no barrier between the seated area and the road. For example, on the two days of inspection only three or four residents went outside even though the weather was fine.

Moreover, although the person in charge stated that she was hoping to get funding for a suitable barrier for the assigned outdoor space, it was currently not a safe, suitable space for 38 residents and residents had no opportunity to walk around outside in the fresh air.

The inspector found that while the dining room provision had been welcomed by residents and staff it was only suitable for 15 residents. This would require two sittings for meals which had not yet been set up for residents.

Judgment: Not 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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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	Not compliant

Compliance Plan for Youghal Community Hospital OSV-0000577

Inspection ID: MON-0024105

Date of inspection: 20/06/2019

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 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: All contacts will include the room number and number of other occupants in the bedroom accommodation, as required under S.I. 293 (2016) of the amendment to the Care and Welfare Regulations 2013.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: Ensuring that short stay residents are placed in the smaller room area and have the smaller wardrobe space (as their length of stay is approx. 2 weeks)The continuing care residents will be provided with larger room space and larger wardrobes & storage if they so choose. Engagement has started with the Occupational Therapist, the nurses and the residents & their families in relation to their personal space to maximise their comfort and to facilitate them choosing the layout of the space and furniture that best suits each residents’ individual needs. Provide holders for personal toiletries within lockers. Provide locked presses within the rooms to facilitate storage of prescribed creams/ointments.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A private area will be developed in Youghal Community Hospital to facilitate personal calls should a resident wish to have a personal space to make calls. The Occupation therapist is reviewing each resident's seating requirement to ensure that the equipment available to the resident meets their individual needs. The equipment review will facilitate the residents transferring in comfort to sitting and dining areas if this is where they chose to socialize. A review of the multimedia services available to the residents will be conducted and all residents choices will be facilitated where possible in relation to multi-media usage in the hospital, including the introduction of new headphones and tablets are requested. The new dining room and the private sitting rooms, located both upstairs and downstairs, provide alternate social space for residents and their visitors who prefer not to participate in particular activities. Engagement has started with the Occupational Therapist, the nurses and the residents & their families in relation to their personal space to maximise their comfort and to facilitate them choosing the layout of the space and furniture that best suits each residents' individual needs.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All Nursing staff will be receive refresher training / updates from nurse management in relation to the correct disposal and return of out of date and/or discontinued medications as per medication management policy in the hospital. The medication management in Youghal community hospital will be audited via the metrics and the medication administration audit going forward.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. Continue to purchase further laundry baskets for residents who require same 2. Develop a suitable secure court yard/ garden area. 3. Provide a second sitting in the dining room at 1.30pm or at the time that suits the 	

resident.

4. Revise the off duty roster with the staff member who supports and provides the activity programme. Provide a further more descriptive activities plan in conjunction with the resident's wishes.

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(a)	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 a resident uses and retains control over his or her clothes.	Not Compliant	Orange	31/08/2019
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	Not Compliant	Orange	31/10/2019

	his or her clothes and other personal possessions.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2021
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that	Substantially Compliant	Yellow	31/08/2019

	centre.			
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	31/08/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/10/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does	Substantially Compliant	Yellow	30/11/2019

	not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/11/2019
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	30/11/2019