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:	Bandon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Hospital Lane, Cloughmacsimon, Bandon, Cork
Type of inspection:	Unannounced
Date of inspection:	09 September 2020
Centre ID:	OSV-0000557
Fieldwork ID:	MON-0030286

About the designated centre

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

Bandon Community Hospital, established in 1929, is a single-storey building which had been extensively renovated. The designated centre is a Health Service Executive (HSE) establishment. It consists of accommodation for 25 older adults set out in 21 single en-suite bedrooms and two twin en-suite bedrooms. Communal areas include the day room, dining room, Bandon Suite relaxation area and the quiet room. Residents have access to an enclosed courtyard and an enclosed walkway. The centre provides 24 hours nursing care for long-term, respite and palliative care residents. The centre is supported by the Friends of Bandon Community Hospital who have raised money for the day-room refurbishment and many other aspects of the care setting.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22

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
Wednesday 9 September 2020	09:30hrs to 17:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

The inspector spoke with many residents on the day of inspection. Feedback was positive in relation to residents relationship with staff, and people were happy with the care and attention they received. They described staff as helpful, kind and respectful. Discussions with staff indicated that they knew individual residents well and were able to relate to the inspector the specific care needs, on an individual basis. Staff were knowledgeable about each residents preferences for personal care and for their daily routines.

Many residents commented that they enjoyed their living environment, and their single en-suite rooms. Many were observed to be personalised by the inspector. The inspection was carried out on a warm September day. The inspector observed that the majority of residents living in the centre sat in the day room for the day. A variety of newspapers were provided and there was a large flat screen television in the room. However, there were minimal social activities observed to be taking place on the day of inspection. Some resident stated that they would like more access to the outdoors. Although there was a small internal courtyard, that was easily accessible, this was also the smoking area which deterred some residents from utilizing it.

The inspector observed that visitors to the centre were made welcome, and were appropriately risk assessed for COVID-19. Residents spoken with expressed their happiness and relief that visiting had recommenced. They stated they had found the restrictions difficult and missed going out and spending time with family. The inspector had the opportunity to meet with two visitors on the day of inspection. They were complimentary about the care their family received in the centre and the wonderful staff. They conveyed their satisfaction and being facilitated to visit again, however, did find the times allocated difficult to conform with, as there was no evening visiting and no weekend visiting.

The inspector observed that the dining room in the centre was small and could only accommodate seven residents while social distancing. This resulted in some residents remaining in the day room for their meals, and not being afforded a dining experience. Residents reported that there was plenty food and drinks throughout the day. Some residents stated they would like more choice at dinner time.

Capacity and capability

This was an unannounced risk based inspection to monitor compliance with the regulations, conducted over one day. The most recent inspection of December 2019, found that significant improvements were required in relation to the centres written

policies and procedures, end of life care, risk management, fire precautions, individual assessments and care planning, complaints management and residents rights. Following this inspection representatives of the Health Service Executive attended a meeting in the office of the Chief Inspector, and conveyed how they would address the regulatory non compliance's identified, and presented a compliance plan. The inspector reviewed the actions from the previous inspection, and found that although some improvements had been made, further actions were required to ensure that the service provided is safe, of good quality and appropriate to the needs of the residents.

Bandon Community Hospital is operated by the Health Service Executive, who is the registered provider. Clearly defined management structures were in place, to enable accountability and responsibility for the service. The person in charge was supported by a clinical nurse manager, senior nurses, care staff, catering staff, domestic staff and administration. The registered provider representative, who had responsibility for a number of other centres, was available to the management team and provided ongoing support during the COVID-19 pandemic. The lines of accountability and authority were clear, staff were aware of the management structure and were facilitated to communicate regularly with management. There was also the additional support of an infection control nurse and a clinical development coordinator to support evidence based clinical care. There was a comprehensive programme of audits collected electronically, that included information on falls, care plans, medication, skin integrity and restraint. However, there was not evidence of action in response to issues identified, and no method of feedback of findings to staff. Therefore, the inspector was not assured that the audit process was informing quality improvement or whether there was any actual analysis of these audit findings. There were issues noted on inspection that had not been identified by the provider which indicated gaps in the oversight processes in the centre.

A comprehensive COVID-19 contingency plan was developed by the management team. The centre had one resident who tested positive, and had recovered from the virus. The COVID-19 plan was reviewed and included contingency planning for clinical and non-clinical areas. This was comprehensive and in line with the changing guidance issued by the Health Protection and Surveillance Centre. There were 22 residents living in Bandon Community Hospital on the day of inspection. The centre was clean and well maintained. Resident accommodation consisted mainly of single rooms. In response to the COVID-19 pandemic, and to reduce the risk of transmission of infection, the registered provider did not admit respite residents, to enable residents in double rooms to utilise single rooms.

On the day of the inspection, the inspector found that there was a sufficient number of staff with the appropriate skills, qualifications and experience to meet the assessed physical care needs of all residents, including those with dementia. Staff were observed to interact with residents in a kind, respectful and dignified manner. However, a review of staff allocated responsibility for a social programme for residents required attention. Throughout the inspection, staff members were courteous and kind when addressing residents, and respectful and discreet when attending to the needs of residents. It was evident that staff were very

knowledgeable regarding the residents they cared for.

Improvements were noted in staff training since the previous inspection. Staff training records were maintained in the centre, and indicated that all staff had completed up-to-date training in fire safety, moving and handling practices, the prevention, detection and response to abuse, and responsive behaviour. Schedule five policies were recently updated in accordance with best practice, and were available to staff.

The process for the management of complaints had required attention following the previous inspection. The complaints log was reviewed and it demonstrated that formal complaints were now recorded in line with the regulations. A summary of the complaints process was displayed at the entrance to the centre. Incidents occurring at the centre were also appropriately recorded by staff and reviewed by the person in charge. However, the inspector found that a serious incident had not been reported to the Chief Inspector, as required by the regulations.

In summary, on this inspection it was found that although some efforts had been made to address deficits identified on the previous inspection, some issues remained outstanding and required to be addressed by the registered provider. It was evident that there monitoring of the service was not effective, and improvements were required to ensure appropriate management of serious incidents, effective fire precautions and the adequate provision of choice and recreation for residents.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. She had the required experience in nursing the older adult and management, as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

Based on observations, staff spoken with and the review of staff rosters, the inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed health needs of the 22 residents. The person in charge was on duty Monday to Friday, she was supported in this management role by a Clinical Nurse Manager, who deputised in her absence. There were three registered general nurses and three care attendants on duty daily. However, there were inadequate staff allocated to activities on the day of inspection, to ensure that residents social care needs could be met, which will be addressed under regulation 9.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was an ongoing programme of training to support staff in providing evidence-based care. Based on records seen by the inspector, all staff had received up-to-date training on fire safety, prevention and detection of abuse, managing behaviors that challenge and manual handling. Further training had been provided for all staff in response to the COVID-19 pandemic, in areas such as infection control, hand hygiene and the donning and doffing (putting on and taking off) of personal protective equipment.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified clear lines of authority and accountability, specifies roles and responsibilities for all care provision.

While there were sufficient resources to deliver care in accordance with the statement of purpose, the inspector identified that staffing resources were not being utilised to address social care needs. There was evidence of improvements in the premises since the previous inspection. The registered provider had also invested resources in the development of an appropriate COVID-19 contingency plan and enhanced training for staff in response to the global pandemic.

A new system of electronic auditing was implemented in July, 2020 to monitor the service, however, it was found that results obtained from audits were not being used to drive quality improvement within the centre. For example there was no formalised system of disseminating and communicating findings of these audits to staff. It was evident from findings on this inspection that increased oversight was required by the management team in relation to:

- fire precautions
- incident management
- ensuring an adequate social programme for residents
- implementation of risk policies and procedures

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of the incident log indicated that incidents occurring in the centre were recorded by staff. The majority of notifications required to be submitted to the Chief Inspector were submitted in accordance with regulatory requirements. However, a serious incident relating to fire, had not been notified as required by the regulations within three working days.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector noted that improvements had been made in the recording of complaints following the previous inspection of December, 2019. Records indicated that complaints were investigated appropriately, and and the satisfaction or otherwise of the complainant was recorded. A summary of the complaints procedure was displayed prominently at the centre's reception area. The person in charge was the designated person to deal with complaints. Residents had access to an appeal process in accordance with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

Improvements were noted in the provision of policies and procedures. Current written policies and procedures on matters set out in Schedule 5 were available to staff, and were reviewed and updated in accordance with best practice.

Judgment: Compliant

Quality and safety

Overall, health and nursing care need of residents living in Bandon Community Hospital were met to a very good standard. However, as found on the previous inspection, improvements were required in relation to the provision of meaningful activities for residents, and in addressing their social care needs. The inspector also found that a more proactive approach to fire precautions and risk management was required, to ensure that the service provided to residents is safe and effectively monitored.

The inspector acknowledged that the COVID-19 pandemic had been challenging for

residents, staff and their families. Residents spoken with were happy that visiting had recommenced and stated they had missed their families. Visiting to the centre was being monitored by staff appropriately and was on an appointment basis. On the day of inspection visiting arrangements were found to be quite limited and restrictive as there was no visiting in the evenings or at weekends and time allocated per visit was only 30 minutes and not in line with national guidelines. The inspector requested the person in charge review the visiting procedure in line with the national recommendations.

The health needs of the residents were reviewed and it was evident that they had they had access to a range of healthcare services. There was access to a general practitioner (GP) seven days per week and an out of hours service if required at night. There was evidence of regular review by the GP and review of medications by the pharmacy. There was access to physiotherapy services weekly in the centre. An occupational therapist, a speech and language therapist and a dietitian, who all worked on the local primary care team were also involved in residents care and were easily accessible. They communicated with the nursing staff regularly, and reviewed residents on referral. There was also access to podiatry, chiropody, palliative care services and a tissue viability nurse.

There was evidence of improvement in residents care planning since the previous inspection. The inspector viewed a number of resident's records and found that care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of scientifically validated tools. Care plans were developed based on resident's assessed needs and regularly reviewed and updated. Care plans were found to be very comprehensive and very person centred. Discussions with staff reflected a holistic picture of the person to enable better outcomes for their care.

There was a risk management policy in the centre and a risk register monitored by the person in charge. However, the risk management policy was not seen to be followed in practice, in relation to the investigation and learning from serious incidents. Also, as found on the previous inspection of December 2019, fire precautions required immediate attention, and the registered provider was issued with an immediate action to address this risk following this inspection.

Residents reported they liked living in Bandon Community Hospital. They stated that staff were attentive and kind. Residents were seen to be well dressed and cared for on the day of inspection. However, the inspector observed that residents spent a considerable amount of time unsupervised and with minimal stimulating activity. Overall, residents were not supported to engage in any meaningful activity, and there were no staff assigned to the activities programme. Responsibility for the activities programme was outsourced until March 2020, when this ceased due to COVID-19. Management had failed to address this deficit in service. A review of staffing was required to ensure that a programme of activities was accessible to residents.

Regulation 11: Visits

The centre normally operates an open visiting policy but due to the COVID-19 pandemic visiting was now controlled. In line with the Health Protection and Surveillance Centre guidance, visiting had recommenced and was done on an appointment basis. Two rooms in the centre were being utilised for residents to meet with their visitors in private. However, the inspector found that the visiting arrangements in Bandon Community Hospital were restrictive. Visiting was only permitted between 11am-12pm and from 13:30-14:30, Monday to Friday. There was no visiting at weekends or in the evening. Visitors the inspector met, expressed the difficulty in try and schedule visiting during work hours. Additionally, visiting was restricted to 30 minutes per visit, which is not in line with the most recent national guidance. The person in charge informed the inspector that this was due to staffing constraints. Window visiting was permitted and possible as all residents bedrooms were at ground floor level.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had a risk register that detailed centre specific risks, risk ratings, the controls implemented and an owner of each risk. However, the inspector found that there were not arrangements in place for the identification, recording, investigation and learning from serious incidents involving residents.

Two serious incidents that occurred in the centre were not appropriately managed as per the centres risk management policy. The inspector found that an individual smoking risk assessment had not been reviewed and updated to ensure reasonable control measures were implemented to remove or reduce risk. It was also apparent that these incidents were not appropriately investigated and escalated to senior management. Therefore potential problems could not be identified and learning learning from these incidents could not be assured.

Judgment: Not compliant

Regulation 27: Infection control

There was a comprehensive infection control policy in place. Hand sanitising dispensing units were located at the front entrance and throughout the building. The building was maintained in a clean condition throughout. Enhanced cleaning

practices had been introduced in response to the COVID-19 pandemic. All staff had received training on infection control procedures and were observed adhering to the wearing of personal protective equipment and facilitating residents to social distance. Temperatures of staff and residents were being recorded and monitored as recommended.

As found on the previous inspection, there was no storage in one sluice room and the hand-wash sinks in sluice rooms were not identified. Hand-wash lotions and paper towels were over sluicing sinks rather than with the hand-wash sinks which was not in keeping with the national standards.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Immediate action had been required to meet compliance with fire precautions following the previous inspection. The inspector found that deficits identified relating to spacing under fire doors and fire maps had been addressed. However, an urgent action was issued to the registered provider following this inspection, as it was found that two fire exits had chairs obstructing them externally. The inspector was informed that this was to minimise the risk of residents and visitors possibly not adhering to the recommended social distancing, if they met outside the building. Fire door exits were also found to be obstructed externally on the last inspection.

Three residents living in Bandon Community Hospital smoked, and were facilitated to do so in the external courtyard. As addressed in regulation 26, individual smoking risk assessments were not adequate, to ensure that residents who smoke do so without putting themselves or others at risk from fire. Improvements were required to ensure that more robust procedures were implemented to protect residents.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Improvements were noted in care planning documentation since the previous inspection. From a sample of records reviewed it was evident that care plans were personalised and provided good guidance on the care to be delivered to residents. Staff spoken with were knowledgeable regarding the specific needs of each resident and could clearly describe the care delivered. End of life care plans were informative and could direct care and personal preferences.

Judgment: Compliant

Regulation 6: Health care

There was evidence that residents had good access to healthcare to meet their identified needs, and staff members were responsive to their changing needs. Residents had access to choice of general practitioner (GP) and there was evidence of regular review. There was also access to out-of-hours GP services. There was access to allied health services such as dietetics, speech and language therapy (SALT), physiotherapy and tissue viability nurse. Residents were assessed on admission, and care was seen to be provided as described in care plans. There was a reported low incidence of pressure ulcer development in the centre. The inspector evidenced that the risk of development was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use. The inspector reviewed wound care documentation and found that assessments of the size of wounds and documenting the frequency of wound care in some instances was inconsistent and not in keeping with best practice. There was evidence of consultation with a tissue viability nurse when required.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had access to local and national newspapers, televisions and a radio. Review of the residents comments/complaints indicated that some residents had requested to have Wifi facilities made available, and this had been conveyed to senior management and was awaiting approval. Residents meetings were scheduled to take place four times a year, however, the inspector found that only one meeting had taken place in 2020. This meeting was facilitated by the person in charge as the external company who usually chaired the meetings were no longer attending the centre.Topics discussed included religious services, visiting, advocacy, food and complaints.

The dining experience for residents required review following the previous inspection. Meal times were now protected, and medications were no longer being administered at this time. However, the inspector observed that for some residents meals were served in the day room, utilising a side table and an arm chair. This was to facilitate social distancing, as the dining room could only accommodate 6-7 residents. The possibility of two sittings or the use of a second available small sitting room as a dining room had not been explored. As found on the previous inspection, the dining room lacked atmosphere and was clinical in appearance. Findings from one observational audit carried out in May on dining experience had not resulted in improved practices. Some residents told the inspector the food was very good,

and others requested more choice.

The activities programme in Bandon Community Hospital had been facilitated by and external company, prior to the COVID-19 pandemic. The inspector found that the deficit in this service had not been addressed appropriately by management. Residents were observed for the majority of the day of inspection sitting in the day rooms or in their bedroom. The weekly activities schedule displayed did not reflect actual events, and this was confirmed by residents and staff. Residents did not have opportunities to participate in meaningful activities, appropriate to their interests and preferences.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bandon Community Hospital OSV-0000557

Inspection ID: MON-0030286

Date of inspection: 09/09/2020

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staff are now allocated to activities with residents on a daily basis. The HCA's role and responsibilities include direct resident engagement in ADL's, helping them to co-ordinate their choice of clothes for the day and to assist in their choice of makeup (for the Ladies), their hair styled each day as requested to ensure that all Residents maintain a positive self-image and their own personal identity. This engagement between the team in Bandon Community Hospital and the residents begins as soon as they get up in the morning to when they decide to retire to bed that evening. In addition to this, the staff engage residents in a meaningful way in the daily activities and the running of the centre from 11am to 4pm each day. A member of the team is assigned to ensure the provision of one to one in some cases or group activities such as storytelling, art therapy, music and baking, depending on individual assessment and need. This is further enhanced by other facilities and activities in the centre such as hair salon and activities such as drama and productions around the nativity at Christmas. The activities and engagement are led with the residents and reflect what their preferences are with this regard. These changes are in their infancy in Bandon but are being well received by the residents and the team.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An expression of interest was issued in the Unit to fill the vacant CNM2 position on a temporary basis. This post will provide a definite structure to ensure oversight of resident and family engagement in Bandon Community Hospital.	

The VI Clarity Audit system is in its infancy in Bandon Community Hospital. It has only been in existence since July of 2020 and up to now had been running in parallel to the Nursing Metrics. There is an ongoing training schedule in place for VI Clarity. Findings from audits are disseminated to all staff collectively, as part of the agenda for staff meetings, but also makes Nurses individually accountable for their Care Plans via the VI Clarity System. The VI Clarity system is set up to ensure that actions that have been highlighted are followed up on. The CNM2 will actively engage with the entire team in Bandon Community Hospital to ensure that regular updates and learning are transferred into practice in relation to incident and audit results. Good practice will be acknowledged and celebrated whereas practices that are noted to be not of standard will be actioned and where necessary amended within a realistic time frame.

The quality and patient safety committee, both locally and regionally, meet on a regular basis to ensure shared learning. At these meetings, risk assessments are reviewed to ensure all control measures are in place. There remains direct input from the General Manager's office with this regard.
The redesigned governance structure in the unit and the continued input by Quality and Patient Safety has led to increased awareness around fire precautions, incident management and the implementation and continued education around all Bandon Community Hospital policies and procedures.

Just to clarify bed capacity in Bandon Community Hospital has not reduced, we have maximized the space available to us.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Notifications of incidents will be given to the Chief Inspector within three working days in line with statutory requirements.

The learning post the HIQA inspection has been that the team in Bandon Community Hospital are now aware of the requirement to discuss issues of this nature with the General Manager as well as the requirement to report such incidents to Quality and Patient Safety and HIQA the regulatory body.

Staff have also now been educated and made aware of the importance of using the correct terminology when filling out NIMS forms.

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
There is currently no Visiting as per Level 5 Covid Restrictions in line with National HPSC visitor guidelines and this has been circulated to all families. Window visits are facilitated to enable residents to see their family members. Residents have also been supported to contact family with telephone and other communication methods to assist in maintaining bonds. Visiting will be also be permitted should a resident require same on compassionate grounds as per policy. All Units, including Bandon Community Hospital must risk assess and determine the center's capacity to provide appropriate and safe levels of visiting. Management in all units continue to facilitate visits in accordance with current national guidelines to ensure the safety of residents, staff and families.

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
All incidents are recorded on the NIMS reporting system in line with the Risk Management Policy and are reviewed by the PIC. Serious reportable incidents and HIQA notifications are reported to the General Manger as per regulatory requirements. Incidents are investigated and reviewed at Quality and Patient Safety meetings both locally and regionally, to allow learning from the incidents to be disseminated. Actions required are discussed and agreed at these forums with an agreed timeframe for completion.

The Management Team in Bandon Community Hospital also has access to a Quality and Patient Safety Lead should they have any queries or concerns with regards to any incident.

A live risk register is also maintained in Bandon Community Hospital by the Person in Charge. This is a live document, where risk assessments are continually reviewed and updated accordingly.

The learning post the HIQA inspection has been that the team in Bandon Community Hospital are now aware of the requirement to discuss issues of this nature with the General Manager as well as the need to report such incidents to Quality and Patient Safety as well as HIQA, the regulatory body.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Hand wash sinks in the sluice rooms can now be clearly identified by appropriate signage for hand washing. Hands washing lotions and paper towels have been placed over hand wash sinks to adhere to national infection control standards.
Appropriate storage for the sluice room is currently being sourced.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All fire safety issues highlighted by the HIQA inspector were addressed on the day of inspection. External chairs used for family window visits were removed from external fire exits, the spacing under fire doors noted and the fire maps were also corrected.

All staff have now been informed and educated on a new smoking policy and the individual smoking risk assessments that have to be reviewed for each resident who smokes. Residents who are identified as requiring supervision are allocated to staff on a daily basis.

Fire drills and fire training is ongoing in-house for all staff. Fire safety training in Bandon Community Hospital is at 100% compliance to date. Learning post inspection will see the introduction of environmental walkabouts as part of fire control measures already in place.

On August 10th a smoking risk assessment was completed on the resident in question and a subsequent updated smoking risk assessment (HIQA had identified that the site was using an older risk assessment for smoking) was completed following the HIQA inspection. The September smoking risk assessment determined that the gentleman was for total supervision due to his high risk. The current HSE Policy on Smoking and Promoting & Implementing a Tobacco Free Environment was issued to the team in Bandon Community Hospital in September 2020. All staff have reviewed same and have signed the associated declaration since the inspection.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The Clinical Development Co-Ordinator will carry out an audit on all Wound Care

Documentation in use in Bandon Community Hospital using an evidence based audit tool based on the National Policy, to ensure the assessment and documentation of wound and wound care management is being done in accordance with the guidelines.

Bandon Community Hospital also has access to a Tissue Viability Nurse should they have any concerns with regard to wound and wound care management.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: An expression of interest has been issued in the Unit to fill the vacant CNM2 position on a temporary basis. This post will provide a definite governance structure to ensure oversight of resident, family engagement in Bandon Community Hospital.

The VI Clarity Audit System continues to be introduced to ensure that there is effective and efficient nursing care provided to residents in Bandon Community Hospital.

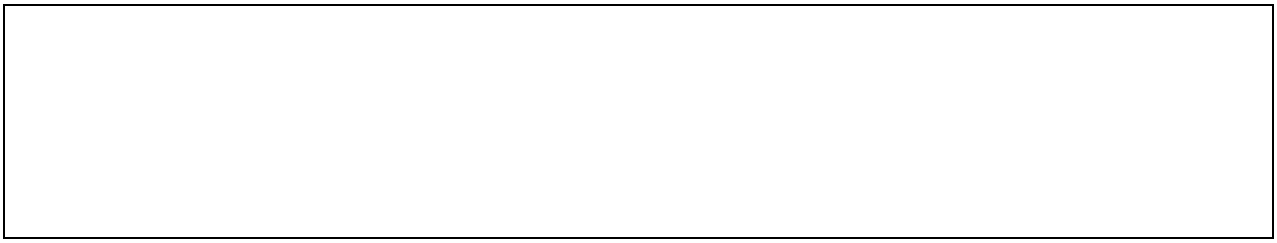
Wifi requested by residents has been approved. Residents have been supported to maintain contacts with family members via the telephone and other communication methods.

The staff roster has been reviewed and staff are now allocated to activities on a daily basis.

Residents meetings have been scheduled for September and December 2020 and March and June 2021.The PIC and the CNM2 will re-audit resident activities with the residents with a view to facilitating resident's choice of activities thus leading to a resident led and resident preference activity programme.

One Resident in Bandon Community Hospital has taken ownership of ensuring the menu is displayed daily and discussed with other residents as to their choice of meals. The PIC and the CNM2 will carry out a meal satisfaction survey to examine the area of choice, meal time experience and the staggering of meals. This will be further enhanced and examined using the QUIS tool. Findings from same will be placed on an action template to ensure that there is follow-through and that same is done within a realistic timeframe. It is also envisaged that the Chef will be involved in the next resident's meeting in December. The dining room and recreational areas are to be decorated following consultation with the residents.

Staff will continue to engage with residents in a meaningful way with the running of daily activities in the day room from 11am to 4pm each day. The activities and engagement are led with the residents and reflect what their preferences are with this regard. These changes are in their infancy in Bandon but are being well received by the residents and the team.



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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	11/11/2020
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	19/09/2020
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	31/12/2020

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Not Compliant	Orange	19/09/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2020
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.	Not Compliant		09/09/2020
Regulation 31(1)	Where an incident	Substantially	Yellow	09/09/2020

	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.	Compliant		
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/12/2020
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	30/04/2021
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	31/12/2020
Regulation 9(3)(a)	A registered	Not Compliant	Orange	31/12/2020

	provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	31/12/2020