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:	Macroom Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	14 January 2021
Centre ID:	OSV-0000578
Fieldwork ID:	MON-0030807

About the designated centre

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

Macroom Community Hospital dates from the 1930's. It is a designated centre run by the Health Service Executive (HSE) and is located in the urban setting of Macroom town with nearby amenities of shops, banks, churches and walkways. It is a single storey building configured in one long corridor with bedrooms and day room on either side of the corridor.
Bedroom accommodation comprises five wards:
1) Dilis - five-bedded room with an annex to be refurbished as a comfortable sitting room
2) Barra - six-bedded room with a two-bedded annex off the larger room
3) Suaimhneas - five-bedded room
4) Abbey - four-bedded room, and
5) Alainn, a single bedded room.
There is a toilet and family room alongside Alainn and this is used for specialist care and end of life care. There are nine toilets, two showers and one bathroom available to residents. Communal areas comprise a day room, a library seating area and an oratory. Residents have access to an outdoor seating area to the front of the building. Macroom Community Hospital provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23

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
Thursday 14 January 2021	09:30hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

The inspector arrived to the centre in the morning for an unannounced inspection and staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

The inspector saw that the centre had two entrances, one at the centre of the building and one to the left close to the oratory. The centre was set out in one long corridor. The central area contained residents bedrooms, day room, showers and sanitary facilities. Resident bedroom accommodation was mainly provided in multi-occupancy bedrooms accommodating four to six residents; there was one single bedroom at the end of the corridor with toilet and bath facilities. There was an annex off both Dilis and Barra wards; the annex off Dilis was now vacant and it was proposed that it would be refurbished as a sitting room for residents in Dilis; the annex off Barra provided a shared bedroom for two residents. While the bed occupancy had been reduced from eight to four, five or six beds, the space had not been re-allocated to afford residents the additional space available. New single wardrobes and bedside locker were in place for residents and some residents had additional shelving to display their photographs.

There was one main communal room that functioned as a dining room and day room. This had a conservatory-style frontage with large windows and views of the main entrance and car park. The day room was decorated with items of domestic furniture such as dressers with decorative chinaware and comfortable seating to provide a homely environment for the residents to enjoy. There was a large smart flat screen television so residents were able to access netflix and other on-line programmes. The library area was located near the oratory. This area was decorated with bookshelves wallpaper backdrop, and bookshelves to the opposite side; there was a small electric stove which provided a cosy atmosphere with comfortable seating for residents to rest and enjoy. With the advent of the COVID pandemic, the staff had created a secure visiting area by the library that facilitated safe and comfortable visiting. An additional comfortable seat and table with PPE was available for the resident; residents had an i pad to communicate with their relatives outside, and the protected seating area outside for visitors also contained a table with hand sanitisers and disinfectant wipes. This arrangement allowed the resident to see their visitors without any risk of viral transmission. COVID-19 precautions advisory signage was displayed here as well as throughout the centre.The oratory was alongside the library; at the time of inspection, this was being used by staff to facilitate serial swabbing, vaccinations and social distancing staff breaks.

The day room contained dining tables set to accommodate socially distanced dining. However, the inspector observed staff bringing a resident's bedside table from their bedroom into the dining room as there were inadequate chair-side tables for

individual residents.

Social distancing practices were observed. Some chairs were removed from the day room conservatory to increase the space between residents and de-clutter the area which made the environment safer to mobilise around. The centre was visibly clean.

There was building construction in progress; residents were interested in the old ruins found upon excavation of the site, with walls of houses and boundaries excavated. Several of the residents went out regularly to monitor progress and discuss the archaeological findings with the staff and builders. As part of the Macroom bypass development, drone footage was available on u-tube and residents could view the progress of the bypass on their new huge smart television in the day room.

The inspector saw residents freely walking around the centre and saw activities taking place in the day room where staff were facilitating exercise classes in the morning. Mass was streamed live from the local church in Macroom earlier in the morning and residents were delighted with that. In the afternoon, the inspector observed staff sitting and chatting with residents in the day room providing social engagement. The inspector saw that residents were well dressed and residents confirmed that staff assisted residents to keep up their appearance. Inspector saw that residents' nails were painted and their hair was styled. One staff member was observed using a curling tongs and giving the resident a lovely hair-style. The resident said that the staff always did her hair beautifully. Although the inspector saw activity around the central area, there appeared to be little activation for residents who remained in their bedrooms throughout the day.

Due to the COVID 19 restrictions, the entrance doors to the centre were locked to enable monitoring and COVID-19 protocols to be facilitated with visitors entering the centre. The area by the main entrance was well maintained with seating area and bird feeder. The day of the inspection was freezing cold so the inspector did not see residents outside, but residents said they went out in the good weather.

Residents spoken with were complimentary about the staff. They said they were very grateful to the staff who worked so hard to keep the centre COVID-19 free. The inspector saw positive interactions between residents and staff and it was obvious staff knew residents well and vice versa. Residents told the inspector that the current visitor restrictions were difficult for them but understood the risks associated with visiting and they were grateful to the staff who cared for them. Window visits were facilitated and residents spoke to their families via phones, whatsapp and other forms of technology.

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

Capacity and capability

Macroom Community Hospital was a residential care setting operated by the Health Services Executive (HSE). The registered provider representative was the general manager for the CH04 area of the HSE. The person in charge was full time in post and was supported on-site by the deputy person in charge, senior nurses, care staff and administration.

The registered provider had applied to re-register Macroom Community Hospital as per the requirements of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. The application form was timely submitted and fees were paid. The statement of purpose and floor plans were also submitted, and were updated to reflect the building as it is currently set out. The registered provider had applied to reduce bed occupancy from 36 to 17, reducing multi-occupancy bedrooms from eight bedded to four bedded wards to enable privacy and dignity of residents as well as to ensure appropriate infection control measures in line with current Health Protection Surveillance Centre (HPSC) guidance for residential care settings. The findings from this inspection relating to the premises showed some improvement from previous inspection findings as the numbers accommodated in the centre had reduced from 36 to 23. The foundations were in the process of being excavated at the time of inspection in preparation for the new build extension to the existing premises.

There was a clearly defined management structure with identified lines of accountability and responsibility for the service.The governance structure comprised the general manager who was the registered provider representative (RPR), and the person in charge reported to the RPR. Off site, the service was supported by the clinical development co-ordinator, quality and safety adviser and human resources.

The person in charge was responsible on-site for the service and she was supported in her role by the recently appointed (part-time) acting clinical nurse manager (CNM). Following the COVID-19 pandemic outbreak, the general manager provided daily support to the centre and alternate-day teleconferences with all the persons in charge for the CH04 area. This provided a forum to give updates on HPSC guidance and discussion regarding the ever-changing COVID-19 landscape and guidance. The person in charge was the designated lead for COVID-19 response team in the centre. The inspector recognised that these were challenging times for residents, their families and for staff. She acknowledged the work and ongoing commitment by the service to ensure the safety and well-being of residents, staff and visitors regarding COVID-19 pandemic and the related stresses.

The inspector followed up on issues identified on the previous inspection. On this inspection, improvements were noted in the areas such as oversight of quality improvement, care plan documentation including behaviours that challenge, and consultation with residents relating to issues raised.

There were systems in place for the prevention and early detection of COVID-19 in the centre. COVID-19 signage was displayed throughout the centre advising of

infection prevention and control (IP&C) precautions. Residents were monitored for any change on their condition and staff had their temperature checked twice daily. There was serial testing of staff for COVID-19 and residents were tested when symptoms indicated that a test was required. The COVID-19 contingency plan was updated in October 2020 following a review of the service regarding governance arrangements, staffing considerations, IP&C and end-of-life care. A COVID-19 notice board was in place on the main the corridor displaying current information of related issues such as vaccinations, precautions and safety measures to protected everyone. Additional risks relating to COVID-19 were identified and the risk register was updated to reflect these. However, some risks had not been considered, for example, when the COVID-related risk of the continuous use, unlocking and locking the clinical room was identified and a decision made to keep the door open to the clinical room, the risk of the unlocked medication fridge and some medication presses as well as the shelving unit with clinical products, was not considered. These were discussed with the person in charge and a new lockable fridge was ordered and delivered; a new lock was ordered and installed for the medication presses; the open storage unit was reviewed and relevant stock re-located to mitigate the risk.

The person in charge was in the process of gathering information to compile their annual review for 2020. The annual programme of audit was developed and generated by the clinical development co-ordinator with a monthly audit programme in place that supported the (Quality and Patient Safety) QPS strategy of Cork/Kerry Community Hospitals. It enabled information sharing between community hospitals to improve outcomes for residents. There were weekly reminders identifying the subject matter for auditing. Audit of practice was now included in Vi-clarity on-line audit programme. Work-place culture critical analysis observations were undertaken and practices were reviewed and improved to ensure better living experiences for residents. Satisfaction surveys were also completed with residents to get their feedback to improve the service, for example, changes were made to meal-times following residents' feedback. A safety pause formed part of the daily routine whereby staff gathered to discuss residents and their care needs as well as providing updates on COVID-19 with ongoing discussions and reminders relating to infection prevention and control precautions. Data collected through key performance indicators fed into the fortnightly internal QPS meetings, which in turn fed into the monthly regional QPS meetings facilitated by the general manager. Items such as incidents, accidents and complaints were discussed to share ideas and learning.

Information on the complaints officers for the CH04 area were displayed at reception, however, synopsis of the complaints procedure required updating to ensure the information was accessible for residents. Complaints records were reviewed and showed that issues were acted upon in a timely manner and followed up by the person in charge with residents or their families. The complaints template was updated on inspection to enable better recording of issues, and enable the person recording the complaint to sign and date they had recorded the information. Two complaints read by the inspector suggested that residents were spoken to in an unprofessional manner. While allegations of misconduct were investigated, they were addressed as part of the complaints mechanism and not seen as possible safeguarding issues, and were not reported as part of the notification process, to

the Chief Inspector.

Staffing levels were adequate to the size and layout of the centre. The duty roster reviewed showed that staff were delegated to activities responsibilities on a daily basis. The training matrix was examined. Most mandatory training was up-to-date, but managing behaviours that challenge training was outstanding for four staff.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had timely submitted the appropriate documentation and information to make a successful application to renew the registration of Macroom Community Hospital. Fees were paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary experience and qualifications as required in the regulations. She facilitated the inspection in an open manner and demonstrated adequate knowledge regarding her role and responsibility.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix was appropriate to the size and lay out of the centre and the assessed needs of residents as assessed in accordance with regulation 5.

Judgment: Compliant

Regulation 16: Training and staff development

Training relating to challenging behaviour remained outstanding for four staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

The Health Service Executive (HSE) were in the process of addressing the deficits identified in the previous inspections in that they had applied to re-register 17 beds rather than 36 thus reducing multi-occupancy from 8 bedded rooms to eventually four-bedded rooms. The annex to Dilis was now vacant and ready to be converted to a sitting room; the annex to Barra was reduced from three-bedded to a two-bedded room. Current occupancy in the centre was 23 residents.

Building excavation had begun on the grounds of the hospital in preparation for the new extension which was due for completion in December 2021.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was being updated at the time of inspection to include the following:

- current conditions of registration
- current floor plans
- accessible information relating to the ombudsman
- accessible information relating to the Health Information and Quality Authority inspection reports
- frequency of residents' meetings
- information relating to the national screening programme and GMS services.

Judgment: Compliant

Regulation 31: Notification of incidents

While most notifications were submitted to the Chief Inspector in line with regulatory requirements, information relating to allegations of misconduct were not notified to the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

Information on the complaints officers for the CH04 area were displayed at reception, however, synopsis of the complaints procedure on how to make a complaint required updating, to ensure the information was in an accessible format for residents.

Occasionally, records of the issues raised did not provide sufficient detail to understand what was being raised by the complainant.

Judgment: Substantially compliant

Quality and safety

Improvement was noted regarding residents' care planning documentation which was found to be comprehensive, personalised and very person-centered. Residents' assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. They were regularly reviewed and updated following assessments and recommendations by allied health professionals. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to COVID-19 guidelines. Transfer information was available in line with regulatory requirements. Advanced care plans were in place for residents and the inspector noted that there had been discussions regarding potential care options, including decisions made regarding COVID-19 for residents or their representative, when appropriate.

Wound management documentation was reviewed and this was not in keeping with best practice. While photographs of the wound were taken on 31/10/20 along with a dressing and evaluation sheet, the wound care assessment and care plan was not started until 05/11/20. The notes suggested that a daily review of the wound was required but this was not completed, but rather on alternate days. The wound measurements recorded did not correlate with the wound photography seen. Better clinical knowledge and oversight of wound management would enable better safer outcomes for residents.

Review of consent documentation was necessary to ensure these were completed in line with the resident's ability, and that the information detailed in their assessment correlated with the consent form. For example, where the consent form detailed that the resident was unable to part-take in the decision-making process, then the same information should be reflected in the assessment and their in-ability to request bed-rails.

The inspector were satisfied that the medical care needs of residents were well met.

GPs attended the centre very regularly. There was good oversight of residents medication management and responses to changes in prescribed medications. When necessary, referrals to psychiatry of old age were facilitated to enable better outcomes for residents. Improvement in monitoring and documenting responsive behaviours was noted including trying to determine what might have caused upset and anxiety in residents to enable better quality of life for residents. The community physiotherapist was available and residents had timely access to this service. Access to allied health was evidenced by regular reviews by the occupational therapist, podiatry, tissue viability, dietician, speech and language, as required. The dietician was due on site on 22nd January to review residents; this would include consultation with the chef to review the menu to ensure that residents' dietary requirements were being met. Referral forms for optician reviews were sent and as soon as the COVID-19 restrictions were eased, the optician could visit centre.The pharmacist attended the centre on a monthly basis to provide expertise, review prescriptions and stock in the centre.

In relation to COVID-19, information was available in accordance with the Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units. There was evidence of consultation with public health regarding COVID-19 guidance and current HPSC literature was available to support the service. Nurses were trained in COVID-19 swab testing. Routine staff swabbing was facilitated on a fortnightly basis and the person in charge reported that there was a 100% uptake by staff for testing. There was active monitoring of residents for signs and symptoms of COVID-19 as evidenced in residents care plans.

Staff were observed to abide by best practice hand hygiene. Laundry of bed linen and towels was externally sourced; some residents' laundry was undertaken in-house. All laundry was segregated at source and other precautions in place for infected laundry included the use of alginate bags. There were cleaning staff on duty during the inspection and the centre was observed to be clean. Significant improvement was noted in the sluice room; additional storage was available for urinals and bedpan inserts; assess to the hand-wash sink was unobstructed; there was nothing stored on the ground.

The centre normally operated an open visiting policy but due to the COVID-19 pandemic visiting was restricted in line with Level 5 lock-down government guidelines. There were clear notices displayed at all entrances to the centre regarding this. Nonetheless, arrangements were put in place to enable relatives to visit with residents for end-of-life and compassionate grounds. Window visits were also facilitated and inspector was informed by residents that staff were committed to ensuring they remained in contact with family and friends by means of Skype, WhatsApp, email and other video and telephone calls as appropriate. Visits were booked in advance and residents were delighted with these visiting arrangements.

Bed occupancy had reduced from 36 to 23 beds at the time of the inspection, however, the bed-space had not been re-allocated in these bedrooms to provide residents with additional space for their comfort and privacy. The person in charge reported that space would be re-allocated as soon as the COVID-19 restrictions

were eased and external contractors could safely enter the centre. There was an empty bed in Abbey ward and the inspector requested that this be removed to provide additional space for residents, and this was facilitated. The curtain surrounding one of the beds in this room enclosed the entrance to the communal toilets as well, and the inspector requested that the placement of the curtain be reviewed to ensure adequate privacy for all residents. A clinical waste bin was located within the bed-space of this resident and this was removed to a more appropriate location in line with HPSC guidance. There was some improvement noted regarding residents' personal space as a bedside chair and wardrobe could now be accommodated bedside each resident's bed. Residents' personal storage space comprised a single wardrobe and bedside locker. As previously identified, there was inadequate communal, private spaces, visiting areas and appropriate shower and toilet facilities to ensure privacy and dignity, and enhance people's quality of life.

Meals were pleasantly presented and tables were nicely set for residents prior to their meals with delph, napkins and condiments. The inspector observed that residents were assisted in an appropriate manner. The dinner was served from the bain-marie which was located at the entrance to the dining room and was partially obstructing the entrance. This made social distancing difficult and was brought to the attention of the person in charge who reviewed the practice and moved the bain-marie to a safer location to minimise risk.

Controlled drugs were maintained in line with professional guidelines. A sample of medication management charts were examined; they were comprehensively completed in line with professional guidelines. A new pharmacy order book was in place which improved the traceability and oversight of medications to and from the pharmacy. While staff signed upon ordering medication, routine signing upon receipt of medication to indicate medications were checked and correct, did not routinely happen.

Residents who spoke with the inspector reported that they felt safe in the centre and were treated respectfully. Residents looked well-groomed and those who spoke with the inspector confirmed that they were comfortable despite the limitations posed by the current HPSC guidance. Residents had access to daily newspapers, local media, Internet services and video messaging to facilitate them to stay in contact with their families, the community and keep up to date on the news. Daily mass was streamed live from Macroom church to bedrooms and day room for residents. Other religious preferences were also facilitated. Staff had created trinket boxes with memorabilia for relevant residents as part of reminiscence. Photographs were displayed in the day room of parties and music sessions held over Christmas. Residents meetings were held on a monthly basis and the three topics mostly discussed were the pandemic, the hospital building works and the Macroom by-pass. Although the inspector saw activity around the central area, there appeared to be little activation for residents who remained in their bedrooms throughout the day. The duty roster showed that a healthcare assistant staff was allocated on a daily basis with responsibility for the activities programme; this was an improvement on the previous inspection.

Social distancing was in place in dining rooms and the inspector observed 12 residents in the dining room at lunch time. Some residents remained in their bedrooms throughout the day and some came and went from the day room as per their preference.

In general, the inspector observed that the care and support given to residents was respectful, relaxed and unhurried; and staff were kind, and were familiar with residents preferences and choices and facilitated these in a friendly manner.

Regulation 10: Communication difficulties

The inspector observed that residents with communication needs were assisted in a kind and respectful manner.

Judgment: Compliant

Regulation 11: Visits

Visiting was facilitated in line with Level 5 HPSC guidance. Information pertaining COVID-19 visiting restrictions and precautions was displayed at entrances to the centre. Infection control precautions were in place on entering the building whereby a COIVID-related questionnaire was completed along with taking the visitor's temperature and advise regarding wearing masks and hand hygiene.

The service was committed to ensuring residents and their families remained in contact by means of Skype, WhatsApp, email and other video and telephone calls as appropriate.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had some space in which they could store their clothing and personal belongings, including lockable storage for valuables. Storage space comprised a single wardrobe with bedside locker which was located alongside their bed. This was an improvement on previous inspections, however, as this was home for people in a residential care setting, single wardrobe storage was inadequate to provide for residents' personal storage needs.

Judgment: Not compliant

Regulation 13: End of life

Records indicated that end-of-life preferences were discussed with residents and their relatives. As part of COVID-19 contingency planning, arrangements were put in place to enable relatives to visit with residents should the need arise. Residents' care plans were up-to-date regarding wishes if they became unwell due to COVID-19. Advanced care plans were in place for residents.

Judgment: Compliant

Regulation 17: Premises

As previously identified, there was inadequate communal, private spaces, visiting areas and appropriate shower and toilet facilities to ensure privacy and dignity, and enhance people's quality of life. The application to re-register Macroom Community Hospital requested a reduction in beds from 36 to 17. Current occupancy was 23 residents with bedrooms of four to six residents, however, the additional space had not been reconfigured to afford residents the extra space.

In one multi-occupancy bedroom, the bed-rail around one bed also enclosed the entrance to the communal toilet and shower facilities.

Judgment: Not compliant

Regulation 18: Food and nutrition

Mealtimes were observed and meals were pleasantly presented. The dining room was prepared in advance of residents coming for their meals and looked well and appealing. Tables were configured to ensure social distancing while facilitating social interaction. Residents had timely access to speech and language and dietician specialist services. Resident gave positive feedback about the food they were served in the centre.

Judgment: Compliant

Regulation 26: Risk management

While issues identified on inspection relating to risk were remedied to ensure safety, and prevent unauthorised access to medications and clinical equipment, a more robust system for hazard identification and assessment of risk was required to be in compliance with the regulation to ensure safety of residents and staff.

Judgment: Not compliant

Regulation 27: Infection control

There was good precautions including advisory signage regarding infection prevention and control precautions and equipment in line with HPSC guidance.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A sample of medication administration charts were reviewed and there were comprehensive.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvement was seen in the residents' care documentation. Care plans were comprehensive, personalised and person-centered. They were reviewed and updated in accordance with the regulations, and were updated in relation to COVID-19 and the residents wishes regarding possible implications of COVID-19, transfer preferences and other interventions.

Judgment: Compliant

Regulation 6: Health care

Wound management documentation was reviewed and this was not in keeping with best practice. While photographs of the wound were taken on 31/10/20 along with a dressing and evaluation sheet, the wound care assessment and care plan was not started until 05/11/20. The notes suggested that a daily review of the wound was

required but this was not completed, but rather on alternate days. The wound measurements recorded did not correlate with the wound photography seen. Better clinical knowledge and oversight of wound management would enable better safer outcomes for residents.

Review of consent documentation was necessary to ensure these were completed in line with the resident's ability and that the information detailed in their assessment correlated with the consent form.

A new pharmacy order book was in place which improved the traceability of medications to and from the pharmacy. While staff signed upon ordering medication, routine signing upon receipt of medication to indicate medications were checked and correct, did not routinely happen.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Care plans reviewed showed improvement in behavioural support plans. Staff took time to determine anxieties or worries associated with challenging behaviours and actions taken to allay or prevent fears.

Judgment: Compliant

Regulation 9: Residents' rights

The activities roster seen had staff assigned responsibility for activities. The activity programme was discussed as there was little variation seen and no alternative for the days when the weather was poor and people couldn't go outside.

Residents who remained in their bedrooms throughout the day appeared to have little activation to brighten their day.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
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 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Macroom Community Hospital OSV-0000578

Inspection ID: MON-0030807

Date of inspection: 14/01/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Responsive behaviour training has been provided to the four team members who were outstanding for same [Completed: 05/02/2021].	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All allegations of misconduct have been screened for possible safeguarding issues and reported to the Chief Inspector as part of the notification process [Completed: 04/02/2021]	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The synopsis of the complaints procedure on how to make a complaint has been updated to ensure the information is outlined/ displayed in an accessible format for residents [Completed: 15/01/2021].	

The template for the complaints register has been updated to allow for sufficient detail to be recorded thus facilitating a clear understanding of the complaint being raised by the complainant [Completed: 15/01/2021].

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The bed spaces have been reconfigured to reflect the reduction in beds. The wardrobes, combined lockers, lockable drawer and easier access stage area have been reconfigured accordingly to maximize storage for personal items [Completed: 02/02/2021].

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Silentia screens have been repositioned. Beds have been reconfigured to afford residents with extra space. The entrance to the communal toilets has been made more accessible [Completed: 20/01/2021].

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
The DON and CNM2 will ensure a hazard identification walk about is undertaken daily to ensure a more robust system for hazard identification and assessment of risk is in place to ensure the safety of residents and staff [Commenced: 15/01/2021].

The door to the treatment room is digi-locked at all times. Frequently touched surfaces are cleaned on entry and exit to the treatment room [Completed 14/01/2021]

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The DON and CNM2 have undertaken an awareness raising session with all nursing team members on the requirement to complete a wound assessment (Form 020) at the initial stage of wound identiifcation in addition to photographic evidence (with the persons consent). The awareness raising session also emphasised the importance of updating all documention pertaining to wound care in tandem (i.e. wound assessment (form 020), skin integrity care plan (section 2- Sub Tab 5-1/ 5-2) and the dressing and evaluation record (Form 020a)) to ensure the recommended plan of care and review schedule was adhered to or re-evaluated and updated as per assessment [Completed 31/01/2021].
All resident consent forms have been updated with the newest version of form 036 'Consent for Photograph' which provides for informing family members/ representatives of persons who are unable to part-take in the decision-making process. In addition, all resident records will be reviewed to ensure that each residents ability is reflected consisitently throughout his/ her record [Completed: 10/02/2021].
All pharmacy orders are signed on receipt by a member of the nursing team once medications have been checked and identified as correct – the signature of receipt is recorded directly into the pharmacy ordering book (Form 710e) [Completed 15/01/2021].

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The activity programme has been reviewed in consultation with the residents and a new selection of activities have been added to the programme to provide more variation/ alternatives for days when the weather is poor and/ or the resident's cannot gooutside [Completed: 29/01/2021].

The DON and CNM2 have alerted all team members of the necessity to document all activities with residents in their respective 'Therapeutic Recreational Activities Record' (Form 23a) to ensure the record of activation provides a true reflection of practice / care being delivered [Completed: 15/01/2021].

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.	Substantially Compliant	Yellow	02/02/2021
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Not Compliant	Orange	02/02/2021

	and other personal possessions.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	05/02/2021
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	20/01/2021
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	20/01/2021
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.	Not Compliant	Orange	14/01/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1)	Not Compliant	Orange	04/02/2021

	(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.			
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	15/01/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	15/01/2021
Regulation 34(2)	The registered provider shall	Substantially Compliant	Yellow	15/01/2021

	ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	15/01/2021
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	Not Compliant	Orange	10/02/2021

	by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	29/01/2021
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		29/01/2021
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.	Not Compliant		29/01/2021
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.	Substantially Compliant		29/01/2021