



**Health
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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:	Fermoy Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Tallow Road, Fermoy, Cork
Type of inspection:	Short Notice Announced
Date of inspection:	18 January 2024
Centre ID:	OSV-0000560
Fieldwork ID:	MON-0042604

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 18 January 2024	10:00hrs to 18:20hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

This was an unannounced one day inspection to monitor compliance with the regulations and to inform decision making for an application to vary the registration. The inspector was met by the person in charge, who facilitated the inspection. This inspection included a focused review of fire precautions.

Fermoy Community Hospital is located on the outskirts of Fermoy town, close to its amenities and services. The centre comprised three units with residents accommodation within the Cuisle and Dochas units. Sonas extended to the first floor with staff accommodation at ground and first floor, and some day space for residents at Sonas ground floor.

The provider had completed works to upgrade the south west section of Cuisle and completion of communal space for residents within Sonas; an application to vary the conditions of registration of the centre had been submitted to the Chief Inspector. This included:

Cuisle: Refurbishment of the south west section including three new single rooms, and a new assisted bathroom.

Sonas: a new visitors room, recreation room, reflection room, change of use of a meeting room and store room to clinical store room and medical records room

Dochas: refurbished day room (Dochas Croí)

Following an introductory meeting, the person in charge accompanied the inspector on a walk-through of the centre.

In the first instance, the inspector reviewed the areas which were subject to the application to vary the registration.

The layout and configuration of the refurbished twin rooms did not afford each resident with adequate usable space. In some instances, the wardrobe was not accessible. In four twin rooms, the space between the end of the beds was not adequate to allow free circulation in the room. When the privacy screen was pulled, there was inadequate space within the resident's private area for their locker and a chair and for the resident to be able to walk around their bed. An alternative layout for these rooms resulted in the bed up against the wall and the bedside locker not beside the bed.

The doors to the twin rooms had clear glazed vision panels and large glazed window each side of the door, compromising resident's privacy and dignity. There were plans to install blinds but these were not yet in place.

In the two single rooms with ensuites, the layout of the rooms and configuration of doors, resulted in a poor layout and use of the room. The light switch to these two rooms were outside the room on the corridor, requiring a residents to come out of their room to switch on or off the light, impacting the resident's privacy and dignity.

The three refurbished single rooms had limited space at the end of the bed which meant that residents would likely have their bed up against the wall and which would require residents to be independent or only require the assistance of one staff.

Sinks within the bedrooms were clinical handwash sinks for staff and as such did not account for the Schedule 6 wash-hand basin for residents' personal hygiene in rooms that did not have an ensuite.

There was a power-operated door to the outside space from this area, allowing independent circulation through the door, however, the push button was not adjacent to the door on the outside which required residents to call for assistance.

The call bell in a resident toilet, when pressed displayed staff toilet. The call bell to toilet did not work. The safety mechanism on one call bell did not activate when pulled; this was also a ligature risk. Within the new resident spaces in Sonas, there were mobile call bells only, which did not identify the location of the call bell and may be moved out of the room. There was an audible alert only near reception; staff would need to search for the resident who pressed the alert. Furthermore, the alert may not be heard when the reception area was not manned.

One of the single rooms in this area will be used as a temporary nurse station, this was not yet fitted out.

There was a water pipe leak in one bedroom awaiting repair.

Fire doors in this area required further adjustment; the inspector observed gaps to some compartment doors and bedroom doors and the refurbished day room.

The inspector also reviewed the remainder of designated centre. Entering the centre, led through the Sonas unit which primarily comprised staff administration and ancillary facilities and the main reception. The Cuisle Unit was accessed through a link corridor to the left. The next phase of the programme will be to refurbish the remainder of this unit, which will address fire safety and premises deficits in this area. The Dochas unit was to the right of the the main reception. Fire safety upgrade works had taken place, such as the upgrade of existing fire compartment boundaries, and the provision of new compartment walls. The North East corner was blocked off with a hygiene construction bubble for a new extension, which was nearing completion. This resulted in one fire exit being out of commission, but this had been risk assessed and was being managed by the provider.

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

Overall there were good systems of fire safety management in the day-to-day running of the centre, however delays in progressing the phased programme of work meant that risks were persisting for a prolonged period.

The Health Service Executive (HSE) was the registered provider for Fermoy Community Hospital. There was a senior HSE manager nominated to represent the provider. The person in charge had responsibility for the day-to-day operational management of the designated centre and was supported by a team of clinical nurse managers and a team of nurses, health care assistants, catering, household, administration and maintenance staff. There were 37 residents living in the centre on the day of inspection.

There were a number of deficits to fire doors identified during the inspection in September 2022 which persisted on this inspection. These were due to be addressed under future phase of work in Cuisle, however there was no interim action to address these deficits, in particular observed gaps to fire doors. An updated fire safety risk assessment, completed in September 2023 showed the risks identified in Dochas were complete. There were six outstanding red rated risks and four amber risks in Cuisle. The delayed programme of work meant that these fire safety deficits were outstanding. The provider was issued with an urgent compliance plan where the date by when the risk was to be addressed was set by the Chief inspector. This is detailed in the quality and safety section of this report.

The provider had submitted an application to vary the registration as detailed above. The area was not fully ready for the inspection, details of which are captured under Regulation 17 Premises and Regulation 28 Fire Precautions. There was no sign-off available for the completed work.

This was a focused inspection reviewing the premises and the fire safety arrangements in the centre. At the previous focused inspection in September 2022, significant fire safety risks were identified arising from construction work to renovate a section of Cuisle, which was now complete. The provider had taken action to address those risks and the following had been completed:

The inspector saw new pathways around the building which allowed free and easy evacuation through exits and away from the building

- The provision of emergency lighting along external escape routes
- The construction of new compartment walls in Dochas to reduce the compartment sizes
- Swing free devices were fitted throughout the centre to bedroom fire doors; this affords the resident the choice to have their bedroom door open safely,

and will close on activation of the fire alarm system to contain the spread of fire

- Deficits to fire containment were addressed by sealing up breaches in fire rated construction. The inspector saw labels certifying this work through the building
- The second floor was now completely emptied and doesn't contain large volumes of combustible storage.

Regulation 23: Governance and management

While the provider had taken significant action to address serious fire safety risks in the centre arising from the previous focused fire safety inspection in September 2022, a number of previously identified deficits to fire doors, which were due to be addressed under future phase of work in Cuisse still persisted and there was no interim action to address these deficits, in particular observed gaps to fire doors.

The area subject to the application to vary, was not ready for inspection and there was no sign off by a competent person for works completed.

Judgment: Not compliant

Quality and safety

Overall day-to-day fire safety was managed well and significant improvement was noted from the previous focused fire and estates inspection. Considerable work had taken place to address those risks. Notwithstanding this, further action was required to come into compliance with the regulations in relation to premises and fire precautions.

Staff were receiving fire safety training on the day of inspection. The inspector had the opportunity to observe a simulated evacuation of the largest compartment of 12 residents. The escape routes were adequate and allowed ease of evacuation, however the time taken to simulate the evacuation of twelve residents was extensive and may result in residents being exposed to the effects of fire and smoke before they are safely moved from the compartment. The area subject to the application to vary the registration are proposing to have 12 beds initially within the compartment with plans to increase this to 14 when the next stage of the work progresses.

There was an adequate number of escape routes and exits available. The centre was on a level site with no steps. Externally, the provider had made large

improvements to ensure exits and external escape routes provided adequate means of escape away from the building to the assembly point.

While there was considerable work completed in relation to fire containment, evidenced by observed labels by fire sealing specialist contractors, there was still deficits to fire doors throughout and within the fabric of the building in areas awaiting renovation.

The centre was provided with emergency lighting, a fully addressable (identifies on the fire alarm panel, the exact location of the activated detector) fire alarm system and fire fighting equipment. These were serviced and up-to-date. The service records were not available to the inspector in the centre as required, however they were submitted by request following the inspection.

There were systems in place to manage the risk associated with the construction activity in the adjoining extension and this area was contained both in relation to fire and dust by a hygiene construction bubble. The inspector saw a risk assessment form for Aspergillus, to manage the risk of potential exposure to airborne aspergillous which may be carried by construction associated dust.

The call bell system consisted of a separate system in both Dochas and Cuisle. Neither of these systems were extended into the Sonas area, where three new communal spaces were being provided and the hair salon. Instead a mobile call bell system which was not fit for purpose was provided. The mobile call bells created an audible alert only and did not identify where the alert originated from. This is detailed further under regulation 17.

Not all residents had access to a sink for personal hygiene in line with Schedule 6; in shared rooms; this is explored under regulation 17.

Regulation 17: Premises

Actions were required by the provider to ensure Compliance with Regulation 17 and Schedule 6::

- sinks within resident's bedrooms were clinical hand wash sinks for staff and as such did not account for the Schedule 6 wash-hand basin for residents' personal hygiene in rooms that did not have an ensuite. Where residents shared a room, the sink was for staff hand washing only and residents were required to leave their room to use a sink
- in Dochas, some bedroom accommodation did not ensure residents had adequate privacy, where they faced out onto communal garden areas, and were visible across courtyard areas
- the position and height of shower heads in the ensuite rooms in Dochas, meant that showers could only be taken in the seated position
- the hair salon was not fitted with a call bell
- in Cuisle, the assisted shower was not fitted with support rails

- there was a crack in the wall of a prayer room
- mechanical ventilation outlets were visibly unclean
- within the clinical room in Cuisle, there was exposed plaster on the wall and damaged flooring
- within the cleaners room in Cuisle, the sink and the mop drip tray were not clean. The ceiling was also damaged.

Within the area under the application to vary the registration, the following did not meet the requirements of this regulation:

- the layout and configuration of the four refurbished twin rooms did not afford each resident with adequate usable space, the space between the end of the beds was not adequate to allow free circulation in the room. When the privacy screen was pulled, there was inadequate space within the resident's private area for their locker and a chair and for the resident to be able to walk around their bed
- an alternative layout for these rooms resulted in the bed up against the wall and the bedside locker not beside the bed
- the doors to the twin rooms had clear glazed vision panels and large glazed window each side of the door, compromising resident's privacy and dignity. There were plans to install blinds but these were not yet in place
- in the two single rooms with ensuites, the layout of the rooms and configuration of doors, resulted in a poor layout and use of the room. The light switch to these two rooms were outside the room on the corridor, requiring a residents to come out of their room to switch on or off the light, impacting the resident's privacy and dignity
- sinks within the bedrooms were clinical handwash sinks for staff and as such did not account for the Schedule 6 wash-hand basin for residents' personal hygiene in rooms that did not have an ensuite
- the external push button to open the power-operated door was not readily apparent nor was it adjacent to the door
- the call bell in a resident toilet, when pressed displayed staff toilet
- the call bell to a toilet did not work
- the safety mechanism on one call bell did not activate when pulled; this was also a ligature risk. All call bells are required to be checked
- the call bells within the new resident spaces in Sonas were not adequate. They were mobile call bells only, which did not identify the location of the alert and may be moved out of the room. There was an audible alert only near reception; staff would need to search for the resident who pressed the alert. Furthermore, the alert may not be heard when the reception area was not manned
- one of the single rooms in this area will be used as a temporary nurse station, this was not yet fit out
- there was a water pipe leak in one bedroom awaiting repair.

Judgment: Not compliant

Regulation 28: Fire precautions

Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The fire doors to the main kitchen and the fire door to the kitchenette in 'Cuisle' were found to have significant gaps and would therefore not perform to contain fire or smoke from areas of increased fire risk. This created a risk to residents living in 'Cuisle'. The provider's response did provide assurance that the risk was adequately addressed.

Action was required to ensure adequate containment of fire, for example:

- the fire door to the activities room was not fitted with an automatic self closing device to ensure the door would shut when the fire alarm was activated
- in addition to those addressed under the urgent compliance plan, there were gaps to fire doors to a number of rooms in Cuisle, including store rooms, the clinical room, activities and a fire compartment door. In Dochas, gaps were evident to bedroom doors where the doors met. This is a repeated finding
- there were ventilation outlets within ceilings to a number of rooms and assurance was required that these were fitted with appropriate devices to ensure the fire rating of the ceiling

The measures in place to detect fire were not adequate; the lobby to the isolation bedroom in Dochas was not fitted with smoke detection

Regular fire safety drills were simulated in the centre, one of which was on the day of inspection. The time taken to simulate the evacuation of a compartment of 12 residents, when staffing levels are lowest, was excessive

Within the area subject to the application to vary the registration:

- Fire doors in this area required further adjustment; the inspector observed gaps to some compartment doors, bedroom doors and the refurbished day room

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 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Fermoy Community Hospital OSV-0000560

Inspection ID: MON-0042604

Date of inspection: 18/01/2024

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ol style="list-style-type: none"> 1. Immediate action was taken to rectify deficits identified on the day. 2. Urgent compliance plan was submission as requested following the inspection. 3. The ongoing capital project will address the outstanding fire issues. 	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p> <ol style="list-style-type: none"> 1. There are adequate wash-hand basins for residents personal hygiene located outside the shared bedrooms. Wash hand basin facilities in the shared bedrooms are currently under review by the IPCN team. The sinks are to protect the residents and the staff from transmission of infection. If the clinical Hand Hygiene sinks are taken away from staff, neither residents or staff are protected and increase the risk of cross contamination. Also under Health and Safety legislation, the HSE has an obligation to provide these facilities to its staff. 2. The placement of Solar guard on all the residents bedrooms will be completed on 31.5.2024. 3. The nurse call bell system for the hair salon, and the other areas identified in the report is being actioned. The nurse call bell system is expected to be installed by 07.06.2024. 	

4. The shower heads in Dochas can now accommodate residents standing in the shower.
5. The anti-ligature pull call bells have been installed in the Cuisle Refurbished area. The additional areas will be completed by 31.05.2024.
6. Support rails have been fitted to the assisted shower in Cuisle.
7. Mechanical ventilation outlets have been cleaned.
8. Exposed plaster has been replastered and painted. The broken floor will be addressed in Phase 5.
9. The crack in the prayer room will be addressed in Phase 5 of the capital project.
10. The Cuisle cleaner's room sink and mop drip tray were cleaned and the ceiling will be addressed in Phase 5.
11. The area within the space provided in the twin room is greater than 7.4 m² as outlined in the Health Act 2007. The configuration is currently being reconsidered for further refurbishment including the mechanical privacy screens.
12. The room layout is under ongoing consideration with the residents care needs and their ability of the resident to access their personal items and locker independently. The residents' opinion is also taken into consideration when the room is laid out. Each resident has access to an over bed headlight. The configuration is currently being reconsidered for further refurbishment.
13. The light switches external to the room, will have an internal switch by 10.5.2024.
14. Frosting has been placed on the clear glazed vision panels in Cuisle and blinds have been installed on the windows.
15. An external push button has been installed adjacent to the external door in Cuisle.
16. The temporary nurses' station will be fitted out with the hardware from the current nurses' station in tandem with the residents moving from the current live section of the ward to the refurbished area in Cuisle.
17. The call bed location issue has been rectified.
18. The water pipe leak has been repaired.
19. The hospital meets the regulatory requirements of not less than 7.4m² of floor space defined in Schedule 6, Premises Part 1, Health Act 2007. However, the configuration is currently being reconsidered for further refurbishment

Regulation 28: Fire precautions	Not Compliant
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- Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. Immediate action was taken to rectify deficits identified on the day were addressed in the urgent compliance plan.
 2. The activity room has been fitted with an automated self-closure.
 3. The ongoing capital project will address the remaining fire issues identified on the recent fire risk assessment. The risks are under constant review and monitoring and continue to be mitigated with an additional staff member on Firewatch.
 4. The lobby to the isolation room in Dochas was fitted with a smoke detector.
 5. Fire training for staff continues on a regular basis.
 6. Urgent fire doors issues identified have been addressed. The service has committed to

the completion of a fire door inspection to be carried out by a competent fire door provider. This will be completed by 30.6.2024. Once completed the doors will be repaired/replaced in order of priority based on a risk assessment.

7. The safe evacuation time for the compartment in question is being continuously monitored, taking into consideration that each bedroom is a compartment.

8. Sign-off in relation to building works was provided to the regulator as part of the application to vary. The fitting of the ventilation outlets have been signed off by the design team, ensuring the fire rating of the ceiling.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/03/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	20/02/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/03/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	11/04/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Red	19/01/2024

	containing and extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	11/04/2024