



**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:	Youghal Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Cork Hill, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	30 October 2024
Centre ID:	OSV-0000577
Fieldwork ID:	MON-0045300

About the designated centre

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

Youghal Community Hospital was built in 1935 and is managed by Health Service Executive (HSE). It is a two storey building with beautiful views out over the sea and river Blackwater. Accommodation is provided for male and female residents usually over the age of sixty five. Care can be provided to an individual under sixty five following a full needs assessment. The maximum number of residents who will be accommodated in the hospital is thirty one. There is 24 hour nursing care available from a team of experienced and highly qualified staff. The nursing team is supported by a consultant and general practitioners (GP), as well as a range of other health professionals. The centre is also staffed by a dedicated team of health care assistants (HCAs) & multi-task attendants. It provides care to all level of dependencies from low to maximum dependency needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30
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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
Wednesday 30 October 2024	15:00hrs to 19:45hrs	Mary O'Mahony	Lead
Thursday 31 October 2024	10:00hrs to 15:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

According to residents and relatives Youghal Community hospital was a good place to live, where residents were cared for, by a group of knowledgeable and kind staff. On arrival at the centre, in mid-afternoon of the first day of inspection, the inspector observed that some residents were attending an activity session in the sitting room, where a staff member was leading a singing and quiz event. Another resident was enjoying their favourite programme, and wearing their headphones, in the small visitors' room, located in the front hall. A number of residents were seen, sitting in their bedrooms with visitors, while still others were seen to be warmly dressed and sitting in comfortable chairs, in their bedrooms, with suitable soothing music being played. A warm and welcoming atmosphere was immediately apparent to the inspector and this was maintained throughout the two days. During the two days of this inspection the inspector spoke with or greeted, all residents and with eight residents in detail, in order to gain insight into life in the centre. The inspector also spend periods of time observing residents' daily lives and the care practices. Residents informed the inspector that they felt well cared for by staff, who they felt were committed to their care. One resident informed the inspector that staff were "very good and attentive". Those residents who could not converse clearly, due to the effects of their medical conditions, were observed by the inspector to be content and appeared well cared for. Visitors spoken with were satisfied with the care and were glad that their relative were accommodated locally, for visiting purposes.

Nevertheless, two residents said that it was not easy to get attention at night time, and said they could be waiting for long periods of time for a response to their call bell, or to use the toilet. In addition, not all residents had their rights to privacy promoted and additionally, the inspector observed issues requiring action, for example, the use of the dining room and supervision of care needs. These matters are addressed further, throughout the report.

This inspection commenced in the afternoon of the first day, and was unannounced. Following an introductory meeting, with the person in charge, the inspector was accompanied on a tour of the premises. There was a busy atmosphere noted, with residents observed being accompanied on walks in the hall or walking from their bedrooms to the communal room, preparing for the tea time meal. Residents and staff were seen to chat together in a familiar and easy manner, throughout the afternoon. As found on previous inspections however, the nicely decorated dining room was not observed in use, at tea time, even though staff said that up to 12 residents had used the room at dinner time. Not utilising the dining room, for the tea time meal, meant that a number of residents dined in the communal room all day, using individual bed tables, or alternatively, they dined in their bedroom. In addition, a number of residents spent most of the day upstairs, without the benefit of the social groupings downstairs. While one person was seen to use the small communal space upstairs, for the tea time meal, this room was very small and there was no dining space upstairs. The institutionalised practice of dining by the bedside, in bed or by their living room chairs, had no real rationale, as the dining room was

set up and ready for use.

Thirty residents were living in the centre on the day of inspection, with one vacant bed. The inspector observed that the main communal room, was the hub of the centre. This was decorated in a personalised manner, with modern pictures, plants, suitable furniture and a large flat screen television. This space had natural lighting provided by the large, picture windows. The lovely scenic setting over Youghal bay, added to the nice bright ambiance, which residents commented on, in a positive way. Resident were busy making decorations with staff and getting ready for the Halloween party, which was planned for the following day.

Good practice was observed throughout the two days, in how staff spoke with, engaged with, and addressed residents. Mutual respect was observed. A number of family members who were visiting at various times throughout the inspection praised the care, the management team and the staff. Residents' meetings were held at intervals and the minutes of these were reviewed. At each meeting a range of issues, such as food choices, events, and visits were discussed with them. In a small sample of survey results reviewed, the inspector saw that residents had been consulted about relevant issues. Residents said that staff spoke with them daily, to answer their questions and provide daily community news.

The inspector observed that there was an improved activities programme in place and residents were aware of each day's programme. There was a staff member allocated to the role of activity coordinator daily, as well as an external activity group, who were regularly employed to provide chair-based exercises, one-to-one sessions, and group events. A number of residents said they enjoyed reading the daily newspapers, watching TV and meeting with family members in their bedrooms, as an alternative to the group activity sessions.

In general, residents spoke positively with regards to the quality of food in the centre and it was observed to be nicely presented. There was a sufficient number of staff available to assist residents, where required. Nevertheless, the inspector observed, and one resident commented, that the modified diets available at the tea time meal were not appetising, or did not look in any way appealing. The resident said that they had requested a visit from the dietitian to discuss this, however the meeting had not occurred in a timely manner. The person in charge stated that this would be addressed. A snack trolley was brought around to each person on two occasions throughout the day. There was a kitchenette available on each floor, as well as the main kitchen, downstairs. Kitchenettes were open when staff were present, and closed when staff were out of the room for safety reasons. However, staff would respond to any request for tea at any time. Nonetheless, actions were required in relation to the late evening snack time, which is addressed under Regulation 18. Food and nutrition.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations in this report.

Capacity and capability

This was an unannounced inspection, to monitor ongoing compliance with the regulations and standards, and to follow-up on information and notifications received since the last inspection. Additionally, the inspector assessed the overall governance of the centre and established whether actions, outlined in the compliance plan from May 2024, had been implemented: in key areas, as follows: Regulation 23: Governance and management, 17: Premises, 34: Complaints, 9: Rights, 16: Staff training and supervision, 5 and 6: Care planning and Healthcare, and 28: Fire Precautions. The inspector was in receipt of unsolicited information in the form of concerns, particularly around care issues, which were looked into during the inspection. Some of these issues were substantiated, and others were not so. These are discussed throughout the report.

On this inspection, the inspector acknowledged that the governance and management of the centre was clearly defined and well supported. Some aspects required improvement, to ensure that residents received good quality, safe care and services. While the management and staff stated that they were committed to a process of quality improvement, findings on this inspection demonstrated that further action was required, to ensure compliance with, the aforementioned regulations, as outlined throughout this report.

The Health Service Executive (HSE) was the registered provider for Youghal Community Hospital. The centre consisted of a two storey building, on a nice site with lovely sea views. Renovations had been undertaken in recent years to improve the quality of life of residents, while awaiting commencement of a new building, which was still at the "scoping" stage. A senior HSE manager was nominated to represent the provider, and they liaised with the local management team on a regular basis. This person attended the feedback meeting at the end of the inspection, using a phone link. The day-to-day operational management of the designated centre was organised and managed by the person in charge. She was supported by a CNM and a team of nurses, care assistants, MTAs, catering, household, administration and maintenance staff.

On the day of inspection, staffing levels were sufficient to meet the needs of residents. The training matrix indicated that staff received training appropriate to their various roles. Records of meetings with all staff groups were available on request. The person in charge provided assurance that Garda Síochána (Irish Police) vetting (GV) clearance was in place for all staff and a sample was reviewed. Staff supervision required some action, however, as addressed under Regulation 16.

Other regulatory records requested during the inspection were accessible: for example, the incident reports, staff files, fire drill records and Schedule 5 policies. Regulatory specified incident reports had been submitted to the Chief Inspector, in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Copies of the standards and regulations for the sector were available to staff.

However, the complaints records were not maintained in accordance with the requirements of Regulation 34: Complaints management, as detailed under the regulation.

Regulation 16: Training and staff development

Some aspects of staff supervision required improvement, to ensure safe and effective systems were maintained:

- Oversight of the delivery of late evening snacks was required, as these appeared to be served too early and with limited choice offered.
- In the late evening, the inspector found that a damp bed sheet had not been changed, to prevent any discomfort to the resident.
- In the late evening also, one resident was found sitting out, with no lights on in the room. There were a number of options in the room, for a soft light to support comfort and observation.
- Throughout the two days of inspection, the inspector observed that one resident required repositioning on their chair on a number of occasions and this repositioning was not provided in a timely manner.
- A staff member was not optimally seated, when supporting a resident to eat. This meant that there was no eye contact being made with the resident and the staff member had to reach across the resident, who was leaning in the opposite direction. This was not conducive to the resident's enjoyment of their meal, and was addressed when staff were made aware.

Judgment: Substantially compliant

Regulation 23: Governance and management

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

This was evidenced by:

- lack of oversight of issues related to staff supervision: as highlighted under Regulation 16
- lack of oversight of premises issues, such as, flooring and other matters: detailed under Regulation 17
- the maintenance of documentation related to complaints management: as described, under Regulation 34
- not all residents' rights and choices were supported, as described under

Regulation 9: Residents' rights

- oversight of care planning and health care, as detailed under Regulations 5 and 6.

In addition, Condition 4 of the registration, added by the Chief Inspector, had not been complied with, and had past its expiry date.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints management required action to comply with the requirements of regulations, as follows:

Not all complaints were recorded in the complaints log.

Complaints were not maintained separate and distinct from the residents' care plans, as required under the regulations.

Judgment: Substantially compliant

Regulation 21: Records

Not all the records required to be maintained under the regulations, in particular Schedule 3 Part 4 (c), were available.

A specific event, for one resident, witnessed by the inspector, had not been recorded. This was significant as the resident previously required medical intervention for a similar event.

There was no entry for one specific day, in the care plan of a resident with diverse needs. The regulations require at the very least, a daily entry to be made.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents were in receipt of a good standard of care in Youghal Community Hospital. There was a daily GP service available to residents, and referrals were made to specialist consultants, such as palliative care,

psychiatric and tissue viability nurses (TVN). A choice of activity was available each day and relatives spoken with said they were happy with the visiting arrangements. In this dimension of the report, some improvements were required, in premises, fire safety, care planning, health care and residents' rights, as described under the relevant regulations.

The inspector was assured that, in general, residents' health-care needs were met to a good standard. Systems were in place for referral to specialist services. Nonetheless, on the day of inspection one resident was awaiting a discussion with the dietitian, while another resident had been waiting over a month for their new glasses, which they required for reading. This was addressed under Regulation 6.

The registered provider had upgrading the premises, as the new building had yet to commence. Flooring in the downstairs hallway had been renewed and painting had been carried out, however, some aspects required improvement, as detailed, under Regulation 17. The fire safe doors had been upgraded and replaced, where necessary. The inspector observed that the centre was clean and there were a number of hand sanitisers in each hallway. Staff and visitors were seen to use these regularly throughout the two days. Residents' bedroom accommodation was comprised of single, twin and one large 4 bedded room, which had an en suite shower and toilet. The majority of residents shared communal showers and toilets. Bedrooms had been decorated with personal items from residents' homes, such as pictures, personal bed linen and books. Resident said they were happy with their accommodation. Nonetheless, the inspector observed that not all beds in the twin rooms had individual privacy curtains and one was seen to share just the one privacy screen. The placement of this screen meant that a staff member, or visitors, coming in through the double door of the bedroom, had a full view of the second resident. In addition, the full length glass panels on the double doors, meant that residents could be clearly seen, by passing personnel. This was not in full compliance with the regulations for the sector, in relation to privacy, as detailed under Regulation 9.

In relation to fire safety management, fire drill evacuation reports were seen and the monthly, weekly and daily fire safety checks were documented. However, some aspects of fire safety management required attention and action, as described under Regulation 28.

A safeguarding policy provided guidance to staff, with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and their related responsibilities.

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements. Residents' nutritional status was assessed monthly and a dietitian was consulted, if this was required. All residents weights were checked and these had been maintained. Fresh baking was enjoyed by residents at teatime and they stated that "the buns tasted lovely". However, on the days of inspection the person in charge stated that less than half the residents dined in the dining room, and it was not used at all at tea time. This was a repeat finding

from all previous inspections. The dining experience required review, with the aim of avoiding institutional practice and re-evaluating the experience, as a social opportunity for residents. Aspects of nutrition, requiring action, were detailed under Regulation 18.

Residents said they were consulted about events in the centre, at residents' meetings, and at the daily interactions with staff. An enthusiastic activity coordinator had been employed, to organise events and activities. On the second day of inspection mass was said for residents in the morning and in the afternoon, residents were seen to be involved in making decorations, and putting up the decorations, in the communal room for the Halloween party. An external company was also on site to support social interaction. Residents and staff were dressed up in impressive costumes, and there was a nice trophy available for the best costume. An external musician was seen to be playing a variety of tunes and residents were heard singing along to their preferred songs. There was a great sense of community and fun in the centre, when preparing for the event and when the party was underway. A lovely selection of food and snacks had been prepared by the chef.

Nevertheless, the inspector was not assured that residents' rights were fully supported, as described under Regulation 9.

Regulation 11: Visits

Visiting was seen to be ongoing during the two days of inspection.

Residents spoken with were happy with the arrangements, and those in communal rooms were facilitated to have a visit in a private area, to avoid disturbance of anybody who was in bed or sleeping.

Judgment: Compliant

Regulation 17: Premises

Not all aspects of the premises conformed to the matters set out in Scheduled 6 of the regulations:

- the flooring in some bedrooms, required replacement, as it was stained, indented and scuffed in some areas
- there was limited communal space upstairs and no dining room
- the dining room was under utilised, in the downstairs section
- in one bedroom the radiators and pipe work were rusty. The corner of the locker and bed were broken and the walls were scuffed
- there was no plug available in the hand wash sink, for residents' use.

Judgment: Not compliant

Regulation 28: Fire precautions

Some action was required to ensure adequate precautions against, and protect residents from, the risk of fire, for example;

In a sample of beds checked, the ski sheets used for evacuation purposes, were not secured to the underside of the mattresses. This meant that there would be a delay in the process of evacuation.

More frequent fire drills were required to be organised by the staff in-house, to ensure staff became very familiar and confident with evacuation, of residents from the largest compartment with the lowest staffing levels, without the presence of the external trainer.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were well managed:

The issues identified on the previous inspection had been addressed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning required review. to ensure consistency and accurate recording of residents' changing needs:

In a sample of care plans reviewed:

Excess sheets required to be filed away, to ensure relevant information was easily accessible.

While documentation was recorded in some care plans, in relation to the involvement of residents in their care plans, this was not consistently recorded for all.

One clinical risk assessment record required review, as the needs of the resident

had changed since it was completed. This was important as these clinical risk assessments are used to inform care planning and ensure residents' needs are accurately identified.

Judgment: Substantially compliant

Regulation 6: Health care

Some aspects of healthcare required action:

One resident was waiting to be referred to a dietitian for a period of time.

One resident was waiting over a month for their new glasses.

One resident required referral to an occupational therapist (OT), as the inspector had to request for them to be repositioned, on a number of occasions. Their current chair was not suitable due to their inability to maintain an upright posture.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had taken efforts to protect residents from abuse:

Staff had received appropriate training in this aspect of care and issues of concern were addressed.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were not fully supported and required action:

There were not adequate privacy screens in some twin bedrooms to protect residents' privacy.

The glass panels on bedroom doors meant that residents' privacy was impacted on.

The choice in relation to access to the dining room was restricted, as there was only one sitting for residents at meal times, with space for only 12 to 14 residents in the dining room. Therefore, not all residents were facilitated to have a proper dining

experience.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Action was required in relation to how meals were served to ensure compliance with the regulations:

The inspector observed that the supper time snacks were served very early, at 6.45pm, and were seen to be completed at 7pm, when the inspector went upstairs in the late evening. Staff assigned to this duty were rostered until 8pm, so there was plenty time available to staff. The inspector was not assured that all residents had been afforded the enjoyment of a substantial, late evening snack, and there did not appear to be any sandwiches, or other substantial snack, available to residents, prior to the night time. This was important for residents, as tea time was early, served between 4.30 to 5pm, meaning there was along fast before the morning breakfast at 8.30am onwards.

The modified diets, selection and preparation for tea time, required review and specialist advice as it was reported to be unappetising .

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	
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant

Compliance Plan for Youghal Community Hospital OSV-0000577

Inspection ID: MON-0045300

Date of inspection: 31/10/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Late evening snacks are served from approximately 18:45 onwards however residents may have a snack at any time of the day or night and some residents like their evening snack at a certain time and this is provided separately. This is documented on the pantry door and other visible areas. • Staff have been informed to ensure any spillages are noted and rectified. • Nightlights will be left on as per resident preference. • Seating assessment is arranged for this resident for 3rd December 2024, in the interim suitable seating has been provided. • Staff have been reminded to ensure they are sitting and facing residents whilst assisting to eat. • A review of work practices will take place to ensure that all residents’ needs are addressed consistently throughout the entire shift. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A Staff Nurse meeting has been held to reinforce RGN’s of their delegation responsibilities in supervision of care staff under the NMBI Code of Professional Conduct and Ethics. • Funding will be sought on receipt of quotations to continue the extensive programme of maintenance including improving the flooring 	

- Complaints will continue to be documented and managed using a monthly Complaint/Compliment excel template and reviewed by senior management at local QPS Meeting.
- Additional privacy screens will be purchased to address the issue regarding resident's privacy—the option of telescopic curtains is also being explored.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- Staff have been reminded to document all complaints received in the Complaints Log and any complaints that cannot be addressed locally by staff on the day will be escalated via the appropriate channels as per the Complaints Policy.

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:

- The resident's care plan has been audited and his previous medical history has now been updated.
- A review of all care plans is taking place. A Documentation Toolbox was developed by CDC and will be shared at the daily Safety Pause for the next 4 weeks until all nurses have received training.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- Maintenance have been onsite to measure the rooms that require upgrading and funding will be sought once quotes available.
- A schedule of painting has commenced. The rusty radiator and pipework will be repainted and any damaged furniture will be repaired, with a completion date of 31.12.2024.
- The sinks in the bedrooms are hand wash sinks which can be used by both residents' and Staff for handwashing. These sinks were not suitable for body wash due to privacy and dignity. The sinks in the bathrooms will facilitate this requirement.

<p>Ultimately the new build will address these issues, planning permission has been granted for a new CNU and will be going to tender in the coming weeks.</p> <ul style="list-style-type: none"> • Residents will continue to be encouraged and facilitated to use the dining room- discussed at resident's meeting, however some residents prefer to eat in private and this is documented in their care plan. • Residents from upstairs are escorted downstairs to use communal facilities. • Resident satisfaction surveys are completed monthly and reviewed by management for assurance that residents are satisfied with the current arrangements. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • A schedule of checking the evacuation sheets has been introduced- these are checked daily and will be included in the daily safety pause meeting/ morning handover. • Fire drills will be organised and are planned to be scheduled monthly using night duty staffing levels to evacuate the largest compartment. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • A schedule for filing excess documentation will be adhered and staff have been reminded of the requirement to have adequate, relevant, current information readily available. • Nursing staff will be reminded to document residents/relative participation in care plan at each reassessment. • A review of all Care Plans will take place and be updated appropriately re the engagement of the resident in their Care Planning. This will be audited monthly. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p>	

- The dietician visits monthly and is available to discuss menu options and preferences with residents, the chef is also involved and happy to engage with residents- this will be addressed at the regular resident meetings.
- The resident who was awaiting their glasses has received their glasses. This had been followed up on a regular basis by the staff in Youghal CH, the delay was with the supplier of same.
- A seating assessment is due on 03rd December for the resident in question and in the interim suitable chair has been provided in the interim.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- A review of the privacy screens will be arranged and rectified as appropriate. The blinds on the bedroom doors are always closed during episodes of care to maintain the privacy and dignity of the resident.-
- When more than 14 residents wish to use the dining room a second sitting will be arranged- this will be managed on a daily basis.

Regulation 18: Food and nutrition	
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- Late evening snacks are served from approximately 18:45 onwards however residents may have a snack at any time of the day or night and some residents like their evening snack at a certain time and this is provided separately. This is reiterated at all residents meetings.
- Modified diets and choices are reviewed on an ongoing basis with the dietician and chef and accordingly as residents preferences change.
- Resident satisfaction surveys are completed monthly and reviewed by management for assurance that residents are satisfied with the current arrangements.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	25/11/2024
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	30/03/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	25/11/2025
Regulation 18(2)	The person in charge shall provide meals, refreshments and	Substantially Compliant	Yellow	25/11/2025

	snacks at all reasonable times.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	25/11/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	25/11/2024
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	25/11/2024
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	Substantially Compliant	Yellow	30/12/2024

	residents.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	25/11/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	16/12/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care	Substantially Compliant	Yellow	25/11/2024

	service requires additional professional expertise, access to such treatment.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	25/11/2024
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.	Substantially Compliant	Yellow	25/11/2024