

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St Colman's Hospital
Centre ID:	0492
Centre address:	Rathdrum
	Co. Wicklow
Telephone number:	0404 46109
Fax number:	0404 46290
Email address:	claire.waldron@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered providers:	Health Services Executive (HSE)
Person in charge:	Claire Waldron
Date of inspection:	18 May 2011
Time inspection took place:	Start: 09:50 hrs Completion: 15:45 hrs
Lead inspector:	Aileen Keane
Support inspector:	N/A
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

St Colman's Hospital is a single-storey facility providing long-term care to people over the age of 65 including people with dementia. There are 21 places for respite care, 1 place for rehabilitation and day-care services also available to older people from the local community. There are also two places for Level 2 Palliative Care.

There were some changes to the layout and capacity of this centre since the last inspection. The centre has four units with capacity for 114 residents. The offices for the person in charge, assistant director of nursing (ADON) and administration are at the entrance to the building and there is a large oratory opposite the entrance. Along the corridor to the right are storage areas for hospital records, a pharmacy and a decommissioned x-ray department, which will be used for storage in the future. This corridor leads to the main dining room and Units A and B. Access to the units is through a large, bright communal sitting room and conservatory area used by the residents from Units A and B.

Unit A

This unit provides accommodation for 32 female residents, 31 long-term care and one palliative care place. There were 29 residents at the time of inspection and one resident at home. The accommodation consists of two single rooms with a shared en suite toilet, one of which is used for palliative care when required. There are six multi-occupancy rooms each with the capacity for five residents, three of which have en suite shower and toilet. Three other bedrooms have access to two en suite toilets with wash hand basins. There is one shower room along the corridor that is also used to store equipment. Each bedroom has a wash-hand basin and there is one other toilet along the corridor area. There is a small, quiet sitting room at the end of the corridor and a very small residents' smoking room which was used to store equipment on the day of inspection. An enclosed patio garden can be accessed directly from Unit A.

Unit B

This unit provides accommodation for 32 male residents, 31 long-term care and one palliative care place. There were 28 residents at the time of inspection and one resident at home. There are two single rooms with a shared en suite toilet and wash-hand basin, one of which is used for palliative care when required. There are six multi-occupancy rooms each with five beds four of which have en suite bathrooms, two with showers, toilet and wash-hand basis and two with toilet and wash-hand basin. En suite facilities are shared between two bedrooms. There is a small, quiet sitting room at the end of the corridor. There is also a very small residents' smoking room at the end of the corridor.

Units A and B each have a nursing office, treatment room, staff toilet, sluice room, cleaning equipment storage area and linen storage area. Units A and B also share a large kitchenette.

Access to units C and D are along the corridor to the left of the main entrance.

Unit C

This unit provides accommodation for 28 female residents and there were 28 at the time of inspection. There are six multi-occupancy rooms, three with four beds, four with three beds and two two-bedded rooms. All bedrooms have a wash-hand basin. The bedrooms can be accessed from two sides and open onto a sunny link corridor which has cane furniture and overlooks the garden. There are two bathrooms and each has an assisted bath and shower with screening between the two. There are no toilets in the bathrooms.

There are six wheelchair-assisted toilets and two staff toilets in this area. The large day-room is situated in the centre of the unit and a small smoking room is at one end. There is a nurses' office, a doctors' office, kitchenette and a hair salon close by as well as a cleaners' room, a linen room and two store rooms. Inspectors noted that the doors leading to the garden were locked and residents accessed the garden through the activity room. There is a physiotherapy department at one end of the corridor and a staff changing area at the other.

Unit D

This unit offers day care for 28 older people (the day-care services from Wicklow hospital were using this space at the time of inspection) as well as capacity for 21 respite care residents and one rehabilitation place. There were 19 respite residents on the day of inspection. There are three bedrooms with accommodation for six residents and one bedroom with accommodation for four. The staff on this unit are also responsible for 12 sheltered houses on site where residents can live independently but can call to the designated centre for meals, activities, showers/baths or assistance with their medication. There are six assisted toilets and one bathroom with an assisted bath and shower. Communal day space includes one large day-room and a lobby which residents use. There is also a sluice room with adequate sluicing facilities but it did not have a hand-washing facility. Other facilities include a kitchenette, a nurses' office, a treatment room and a store room. The mortuary was situated on this section.

There is ample car parking available to the front and side of the building.

Location

St Colman's Hospital is located in the village of Rathdrum, County Wicklow.

Date centre was first established:	26 September 1975
Number of residents on the date of inspection:	106 (85 of whom were long stay) residents and two residents at home. *
Number of vacancies on the date of inspection:	6

* there were also 25 day hospital clients on the day of inspection.

Dependency level of current residents *	Max	High	Medium	Low
Number of residents	52	12	9	14

* Dependency levels for long stay residents only and include the two residents who were at home on the day. Other places are for respite, palliative care and rehabilitation.

Management structure

The Health Service Executive (HSE) is the Provider of the service. Grace Fraher is the acting General Manager and the named person on behalf of the Provider. The Person in Charge, Claire Waldron is known as the Acting Director of Nursing and reports to the Acting General Manager.

There are two Assistant Directors of Nursing (ADONs), one of whom is in an acting position, who report to the Person in Charge. There are four Clinical Nurse Managers (CNMs), two of whom are in an acting role, who report to the ADONs and the nursing staff and multi-task assistants report to the CNMs.

The Chefs report to the Catering Manager who in turn reports to the Hospital Administrator. The Hospital Administrator reports to the Area Administrator who in turn reports to the Acting General Manager.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	16	11	14*	2 laundry staff 5 hygiene (cleaning)	4	5**

* 2 chefs, 11 catering assistants, 1 catering officer

** One Assistant Director of Nursing, one physiotherapy care assistant, one seamstress, one porter and one general operative.

Background

The centre had a registration inspection carried out by the Health Information and Quality Authority (the Authority) on 10 and 11 August 2010. This inspection report can be found at www.hiqa.ie.

Overall, on the registration inspection, inspectors found that the health needs of residents were met and they had access to medical and parapetetic services. Improvements were required in some areas such as the development of a risk management policy, management of falls and the use of restraints.

There were significant improvements required in the number and skill-mix of staff on duty. Inspectors found there was not enough on duty to assist residents to get out of bed each day. It was also found that some residents were not assisted to attend the scheduled activities or use the garden. Residents were reluctant to ask for assistance as they felt staff were too busy.

The person in charge was asked to submit an immediate response to the issue about residents who only had the opportunity to get out of bed on alternate days.

Summary of findings from this inspection

This second inspection was unannounced and focused on the areas where improvements were required from the registration inspection carried out in August 2010.

Inspectors found that 10 of the 24 actions from the inspection of August 2010 had been fully addressed and 9 were partially completed and 5 were not completed, although some progress had been made.

The number of places applied for registration had been reduced from 133 to 114. Inspectors found that overall there was a slight increase in the numbers of staff providing direct care to residents. However, there was still some concern that all residents were not offered an opportunity to get out of bed each day.

Inspectors found that some actions were not completed within the timeframes outlined by the HSE but saw evidence of progress being made. The person in charge had carried out actions and made progress on others but some items were being reviewed at a national level and were taking more time to develop and resolve than originally expected.

The areas for continued improvement are detailed throughout the report and actions required by the provider and person in charge are listed in the Action Plan at the end of the report.

Issues covered on inspection

Closure of Wicklow District Hospital

Since the last inspection Wicklow District Hospital, for which Claire Waldron was also the person in charge, had closed. A number of these residents transferred into St Colman's Hospital. The inspector spoke to a number of these residents who said they had found the transfer went smoothly and they had settled quickly into St Colman's Hospital.

Actions reviewed on inspection:

1. Action required from previous inspection:

Review the numbers and skill-mix of staff on duty to ensure there are appropriate staff on duty to meet the assessed needs of residents and the size and layout of the designated centre.

This action was partially addressed.

The inspector found the person in charge was gathering information about dependency levels of residents and hours of care required for residents on each unit. She told the inspector that staffing levels for each unit were adjusted depending on this information and the ADON said that staff levels are considered on a day-to-day basis. Residents and relatives did not express the same level of concern about the staffing levels as they had during the last inspection, although one relative said there was a noticeable lack of staff one day recently due to sick leave. A review of the staff rota showed that overall staffing levels and allocation of staff had slightly increased since the inspection in 2010 and there were more staff on duty in Unit A. Despite this, the staff on this unit said that they were very busy and on occasion, due to the lack of staff, some residents were nursed in bed rather than having the opportunity to get out of bed. One staff member also said there were not enough chairs to get all residents out of bed at the one time. On further discussion with the person in charge she told the inspector that two additional specialist chairs were on order.

The inspector observed a number of residents in bed on two units. When speaking to these residents many told the inspector that they were in bed by their own choice. However, one relative stated that a resident did not get out of bed each day. A review of this resident's records showed she was nursed in bed on alternate days. It did not describe in the resident's documentation why this occurred. The person in charge was asked to investigate this issue further and reported that this resident was nursed in bed on a frequent basis due to her illness. However, she has referred this resident for a multi-disciplinary review. She also committed to updating the resident's documentation to reflect her changing condition. She said she would also implement a system for monitoring all residents who are nursed in bed each day.

A review of the rota showed that absences due to sick leave or other leave were generally covered by staff working extra hours. Agency staff were also booked to replace nursing staff when necessary. However, all absences due to sick leave were not fully replaced.

2. Action required from previous inspection:

Provide residents with opportunities to participate in activities appropriate to his or her interests and capabilities.

The inspector found that significant improvements were made in addressing this action.

The activities coordinator had commenced gathering information about residents and their preferred activities. This information was returned to the staff at each unit level to assess the level of ability of the resident and aimed to identify appropriate activities for each person. However, this tool was at the early stages of implementation. Residents' preferred opportunities for engagement and activities were not yet clearly outlined in their plan of care.

The activity coordinator had developed a comprehensive activity schedule which provided a wide variety of activities such as horticulture, a knitting club, walking groups, physiotherapy exercise class and bingo. Other activities such as hand massage, Sonas and reminiscence therapy were also introduced and further expanded to meet the needs of the more dependent residents. Two staff had received training on the facilitation of Sonas and four staff had received training on facilitating reminiscence therapy.

Many residents said they found there was plenty to do and chatted to the inspector about their preferred activities such as gardening, bingo and attending physiotherapy. One resident showed the inspector the notice board on the unit where the schedule of activities for the day was written.

3. Action required from previous inspection:

Record any occasion on which restraint is used, including the nature of the restraint and its duration.

Inspectors found that records were maintained of any occasion when restraints were used. However, inspectors found that staff were not assessing residents for the use of restraints as detailed in the centre's policy. The inspector found that all residents observed in bed had bedrails in place. The person in charge and a staff member told the inspector that a project will be commenced by one of the CNMs to reduce the number of bedrails in use.

4. Action required from previous inspection:

Implement and maintain appropriate fire safety records.

The inspector found this action was partially completed.

There was a new fire book implemented which recorded all maintenance and testing of fire safety equipment. The inspector also saw records of daily checks to ensure fire evacuation routes were clear. As part of the registration process, written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with is required to be submitted to the Authority. The person in charge confirmed that the HSE fire safety office had carried out an assessment and she was awaiting the result of this assessment.

5. Action required from previous inspection:

Develop a comprehensive risk management policy to include all the requirements of Regulation 31.

Implement the risk management policy throughout the designated centre.

The action was not completed in the timeframe outline in the providers' response.

However, the person in charge showed the inspector the draft policy being developed nationally for all HSE centres. The inspector saw records of risks being monitored at unit level, although this was not consistently carried out or monitored. The importance of finalising and implementing the risk management systems throughout the centre was highlighted to the person in charge at the feedback meeting at the end of the inspection.

At the last inspection it was found that not all bathrooms had call bells available for residents' use. While the inspector found that bells had been installed in some bathrooms, there were still some bathrooms that did not have call bells in place. The person in charge said this was an outstanding item on one unit because they intend to refurbish the bathroom and improve storage facilities.

6. Action required from previous inspection:

Review the arrangements for training staff or other measures, to ensure all staff are familiar with the arrangements to prevent residents from being harmed.

The inspector spoke to a number of staff who all said they had received training about the prevention of elder abuse. The HSE DVD on the prevention and detection of elder abuse was shown to staff and other training had been provided in March and

April 2011. The person in charge said she was satisfied all staff had received training and she had received additional clerical hours to establish and maintain a training register to record the attendance of all staff. This monitoring database was not yet completed and the inspector was unable to confirm that all staff had received this training.

7. Action required from previous inspection:

Provide appropriate numbers of baths and showers for the numbers of residents accommodated in the designated centre.

The inspector found this action was partially completed. The numbers of residents that may be accommodated in the centre has been reduced since the last inspection from 133 to 114. However, on one unit some residents could still only access a bathroom by going through other residents' bedrooms. The person in charge said that a plan was in place to provide an additional bathroom along the corridor which would be more suitably accessible to the residents.

8. Action required from previous inspection:

Review the meals, times of meals and mealtime experience of residents to ensure they receive their meal in pleasant surroundings at times convenient to them.

Review and implement systems that ensure all residents are offered a choice of meal.

This action was partially addressed.

The inspector saw that the majority of residents went to the dining room for lunch and were aware of the choices available for lunch. However, some residents were provided with their meals on the Units. The inspector spoke to unit catering staff who said that they asked residents each day what they would like and this was requested from the kitchen. The chef confirmed that he sent meals to each Unit based on the information received from each unit. However, the inspector spoke to staff assisting residents with their modified consistency meal (liquidised) meal and as they could not tell what it was, it was not clear they had offered the resident a choice.

9. Action required from previous inspection:

Update staff file to the information and documentation specified in Schedule 2 of the Regulations.

This action was not yet completed.

However, the person in charge showed the inspector records of communications she had with the centralised Human Resources department so that she could progress and complete this action.

10. Action required from previous inspection:

Develop a written agreement with each volunteer setting out their roles and responsibilities.

Ensure that volunteers working in the designated centre are appropriately supervised and supported.

The inspector found this action was completed.

The inspector saw Garda Síochána vetting and a signed written agreement in place with the volunteer working in the centre. The activity coordinator spoke about the requirements for the supervision of volunteers, but as there was only one volunteer, who was not working on the day, the inspector was unable to follow up on this part of the action.

11. Action required from previous inspection:

Review the medication prescription and administration records to ensure they are accurately and consistently completed.

The inspector found this action was completed.

A review of a sample of medication administration records were found to be accurately completed.

12. Action required from previous inspection:

Monitor the arrangements for laundering of linen and clothing to ensure residents clothing cared for and returned to them.

The inspector found this action was in the process of being completed.

While the providers' response to the previous inspection report indicated that they were considering laundry services would be outsourced, this did not occur. The person in charge explained that residents and relatives were not satisfied with the proposed arrangements and the provider reconsidered.

The laundry is now being upgraded and the residents spoken to did not express any dissatisfaction about the management of their laundry.

13. Action required from previous inspection:

Review the communication procedures to ensure they adequately meet the needs of the service.

The inspector found that significant progress had been made in this area.

There were formalised meetings and minutes maintained and available to all staff to improve communication systems. The provider held regular meetings with the person in charge, the person in charge had weekly meetings with the ADONs and monthly meetings with the CNMs. Each CNM held meetings on each unit and there were general staff meetings held 3 or 4 times a year.

14. Action required from previous inspection:

Update the statement of purpose to include all information as outlined in the Regulations.

Submit the updated statement of purpose to the Authority.

This action was completed and an updated statement of purpose that meets the requirements of the Regulations was submitted to the Authority.

15. Action required from previous inspection:

Update the Residents' Guide to ensure it meets with the requirements of the Regulations.

Provide a copy of this guide to all residents.

This action was partially completed.

A copy of the updated Residents' Guide was provided to the inspector. The person in charge stated this had been reviewed and approved by the residents committee. It has been printed and a copy will be provided to all residents. As the Residents' Guide is in a printed format it did not include the most recent inspection report.

16. Action required from previous inspection:

Implement systems that ensure residents' care plans are updated based on the residents' changing needs.

The inspector found this action had not been adequately addressed.

A review of a sample of care plans showed that they were not consistently reflective of residents' needs. It was not evident that residents' care plans were reviewed on a three-monthly basis. Some assessments were not dated and therefore it was not possible to determine when they were last updated. Some care plans were in place from 2010 and there was no evidence to show they were reviewed. One resident who had recently returned from hospital following a fractured hip did not have their care plan updated to reflect their changed need. For example, the moving and handling assessment stated that this resident required the assistance of one person to mobilise, the care plan stated the resident required the assistance of two people, and the staff told the inspector that the resident was not mobile and required the assistance of a hoist.

The inspector also found residents were not consistently assessed for risks such as falls and the use of restraints. However, the person in charge did show the inspector evidence that a documentation audit had been carried out which highlighted a number of areas for improvement. Also, the HSE Dublin Mid Leinster area have developed a more robust assessment and care planning documentation system which is to be introduced. Three CNMs and an ADON were at the training session about this documentation on the day of the inspection.

17. Action required from previous inspection:

Consult residents about having a medical practitioner of their choice or acceptable to them.

The person in charge told the inspector that this option is available to all residents. However, no resident is availing of their own GP at this point in time. One resident would have liked to retain their own GP but due to the travel distance the GP was unable to offer this service.

18. Action required from previous inspection:

Continue to ensure staff have access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

Good progress has been made on this action since the last inspection. Training and education was provided in the following areas:

- Fire and evacuation
- Manual Handling
- Dementia Care
- Clinical Audit
- Elder Abuse prevention and detection
- Food Hygiene
- Induction
- Sonas
- Reminiscence

- Care of the Dying and Palliative care

The person in charge had also obtained funding to provide other training such as falls management, wound care and dementia mapping training.

19. Action required from previous inspection:

Implement the plans to review the quality and safety of care and quality of life of residents.

Steps to address this action had commenced.

Information about many areas such as number of catheter in use, night sedation and the number of bedrails in use was being gathered, but has not yet been analysed in order to drive forward improvements. A residents' and relatives' survey had also been commenced, questionnaires had been distributed and the person in charge said these will be analysed once returned.

20. Action required from previous inspection:

Provide adequate storage for use by the residents.

Provide adequate storage in the designated centre.

This action was not yet completed.

The storage arrangements remained unchanged since the last inspection. The bathrooms in Units A and B were both being used to store equipment such as hoists, wheelchairs and pressure relieving mattresses.

21. Action required from previous inspection:

Review the arrangements for facilitating the consultation and participation of residents in the organisation of the designated centre to ensure it provides them with a meaningful engagement process.

The inspector found this action was partially completed.

The inspector read the minutes of some of the residents' meetings and found that the number of residents participating had increased. Inspectors found evidence that residents' feedback was considered and how the person in charge was trying to address the issues raised, although this was not always possible. For example, the timing of the evening meal remains on the agenda. The inspector saw minutes of other meetings held with staff where staff were unhappy about the times of meals and requested that the evening meal remains at the 4.30 pm time so that staff would not be delayed in going off duty. The person in charge told the inspector that she

continues to try to address this issue and has brought it to a national forum in order to find a solution.

22. Action required from previous inspection:

Implement a system to ensure that all records are maintained in a safe and secure place.

The inspector found this action was not consistently achieved.

The inspector found the offices at each unit level were not consistently closed and locked when staff were not using them and records were therefore not always secure.

23. Action required from previous inspection:

Make arrangements for all residents to have access to information in an accessible format.

Inspectors found that signage and notices were in a more accessible format with many items printed in a larger font.

24. Action required from previous inspection:

Maintain a planned and actual rota showing staff on duty during the day and night.

This action was completed.

The inspector found the person in charge was identified on the rota.

Report compiled by:

Aileen Keane

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

19 May 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
10 and 11 August 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	St. Colman's Hospital
Centre ID:	492
Date of inspection:	18 May 2011
Date of response:	22 July 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The person in charge has failed to comply with a regulatory requirement in the following respect:

Some residents were nursed in bed as staff said there was not enough staff on duty or suitable chairs.

Action required:

Continue to review the numbers and skill-mix of staff on duty to ensure there are appropriate staff on duty to meet the assessed needs of residents and the size and layout of the designated centre.

Reference:

Health Act, 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A continuous comprehensive review of the numbers and skill of staff on duty is underway to ensure that appropriate staff are on duty to meet the needs of the residents.</p> <p>All residents have the opportunity to get out of bed each day. This is recorded in the care plan.</p> <p>Nursing administration continues to monitor residents that are nursed in bed to ensure that appropriate regular assessments by the multidisciplinary team are undertaken and recorded.</p> <p>There is a plan in place for purchasing of equipment required by residents.</p>	<p>Ongoing</p> <p>Ongoing</p>

2. The provider has failed to comply with a regulatory requirement in the following respect:

While there was a range of activities for residents their preferred activities and opportunities for engagement were not yet clearly identified.

Action required:

Provide residents with opportunities to participate in activities appropriate to his or her interests and capabilities.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Continuous review of activities' provision is underway in consultation with residents and staff to ensure that all residents have opportunities to participate in activities appropriate to their interests and capabilities.</p> <p>Staff supervising in communal areas follow an agreed programme of activities devised in consultation with the residents, staff and the activity coordinator.</p>	<p>Commenced and ongoing</p> <p>Ongoing</p>

Documentation of attendance at activities is maintained. Residents care plan reflect activities attended.	Ongoing
--	---------

3. The provider has failed to comply with a regulatory requirement in the following respect:
Restraints were not managed in accordance with the policy.

Action required:
Record any occasion on which restraint is used, including the nature of the restraint and its duration.

Reference:
Health Act, 2007
Regulation 25: Medical Records
Standard 21: Responding to Behaviour that is Challenging

Please state the actions you have taken or are planning to take with timescales:	Timescale:
---	-------------------

Provider's response: Staff members have attended a "Train the Trainers" programme on restraint management and are devising an education plan for all staff to attend.	October 2011
Clinical Nurse Managers are providing awareness sessions to all staff pertaining to the hospital policy on restraint and this includes reinforcing the requirement for staff to assess residents for the use of restraint and to record any occasion on which restraint is used.	Ongoing
New National Restraint Policy is being localised and this includes assessment and monitoring documentation.	October 2011
A project is under development to reduce that number of bedrails in use throughout the hospital.	May 2012

4. The provider has failed to comply with a regulatory requirement in the following respect:
Written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with was not submitted with the application to register.

Action required:	
Provide written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.	
Reference: Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The Fire Safety Risk Assessment for St. Colman's has been completed and the intervention rating A issues are being addressed at present. It is proposed that this work will be completed and ready for re inspection by Friday 29 July 2011 with the compliance form being completed on 2 August 2011. The above information has been inserted on the Fire Safety Compliance Tracking Form and has been forwarded to the Authority. I am confident that the identified dates submitted to the Authority will be achieved.</p>	02/08/2011

5. The provider has failed to comply with a regulatory requirement in the following respect:	
The risk management policy was in draft format and had not been implemented throughout the centre.	
Action required:	
Put in place a comprehensive written risk management policy and implement this throughout the designated centre.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Draft policy will be finalised and implemented throughout the hospital. Education will be provided to all staff.</p>	September 2011

6. The provider has failed to comply with a regulatory requirement in the following respect:

On one unit some residents could still only access a bathroom by going through other residents' bedroom.

Action required:

Provide at appropriate places in the premises sufficient numbers of baths and showers.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

There is a plan under minor capital 2012 to develop bathrooms to ensure that the hospital has sufficient baths and showers to meet the needs of the residents.

2012

7. The provider has failed to comply with a regulatory requirement in the following respect:

Staff assisting residents with their modified consistency meal (liquidised) meal could not tell what it was and therefore it was not evident that residents had been offered a choice.

The timing of the evening meal remained unchanged despite requests by residents.

Action required:

Offer each resident a choice at each mealtime.

Action required:

Provide meals, collations and refreshments at times as may reasonably be required by residents.

Reference:

Health Act, 2007
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All residents will receive a choice at mealtimes. Menus to be available in all areas where residents are taking their meals</p> <p>Staff awareness has being provided by Clinical Nurse Managers and Catering Managers regarding the importance of choice for residents.</p> <p>The change of the evening meal time is progressing.</p>	<p>Completed</p> <p>Completed</p> <p>November 2011</p>

8. The provider has failed to comply with a regulatory requirement in the following respect:

The staff files did not include the information and documentation specified in Schedule 2 of the Regulations.

Action required:

Update staff files to the information and documentation specified in Schedule 2 of the Regulations.

Reference:

Health Act, 2007
 Regulation 18: Recruitment
 Standard 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>An update of staff files is currently underway to ensure that all files comply with the Schedule 2 of the Regulations.</p>	<p>April 2012</p>

9. The provider has failed to comply with a regulatory requirement in the following respect:

The Residents' Guide had been updated but not yet provided to all residents. As the Residents' Guide is in a printed format it does not include the most recent inspection report.

Action required:	
Supply a copy of the Residents' Guide to each resident and ensure it contains a copy of the most recent inspection report.	
Reference:	
Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
All Residents have received a copy of the residents guide and a copy of the last inspection report.	Complete

10. The provider has failed to comply with a regulatory requirement in the following respect:	
Care plans were not consistently reflective of residents needs. It was not evident that residents' care plans were reviewed on a three-monthly basis. Some assessments were not dated and therefore it was not possible to determine when they were last updated. Some care plans were in place from 2010 and there was no evidence to show they were reviewed on a three-monthly basis.	
Action required:	
Set out each resident's needs in an individual care plan developed and agreed with the resident.	
Action required:	
Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.	
Reference:	
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>Six staff members have attended a "Train the Trainer" education for the roll out of the new DML documentation and are currently providing education and guidance to staff.</p> <p>The roll out of the new DML documentation has commenced.</p> <p>All residents will have a comprehensive individualised care plan developed and agreed with them or their relative.</p> <p>Care plans will be formally reviewed at least three-monthly in consultation with the residents.</p> <p>The Nursing Administration office continues to monitor frequency of documentation reviews and audit and develop action plans to ensure three-monthly reviews take place.</p>	<p>Ongoing</p> <p>December 2011</p> <p>Ongoing</p> <p>Ongoing</p>
--	---

<p>11. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The storage space for residents' personal property was limited. Residents did not have a lockable storage space.</p> <p>There was inadequate storage for equipment.</p>	
<p>Action required:</p> <p>Provide adequate storage for use by the residents.</p>	
<p>Action required:</p> <p>Provide adequate storage in the designated centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>A review of storage has been under taken and a storage area identified for equipment.</p> <p>A review of personal storage for residents is underway.</p>	<p>Completed</p> <p>September 2011</p>

12. The provider has failed to comply with a regulatory requirement in the following respect:

Residents' care plans and personal information were stored in an unsecured area.

Action required:

Implement a system to ensure that all records are maintained in a safe and secure place.

Reference:

Health Act, 2007
Regulation 22: Maintenance of Records
Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

New locks have been placed on all office doors and staff have be reminded to keep doors locked when offices are not in use.

Completed

The Nursing Administration Office are monitoring this and provide feedback to Unit Managers.

Ongoing

Any comments the provider may wish to make:

Provider's response:

None

Provider's name: Grace Fraher, Health Service Executive

Date: 22 July 2011