

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Midleton Community Hospital
<b>Centre ID:</b>	0579
<b>Centre address:</b>	Midleton
	Co Cork
<b>Telephone number:</b>	021-4635300
<b>Fax number:</b>	021-4633463
<b>Email address:</b>	midletonch@hse.ie
<b>Type of centre:</b>	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
<b>Registered providers:</b>	Health Service Executive
<b>Person in charge:</b>	Katherine Doran
<b>Date of inspection:</b>	5 May 2011
<b>Time inspection took place:</b>	<b>Start:</b> 09:20hrs <b>Completion:</b> 15:50hrs
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector:</b>	Ann O'Connor
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<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

Midleton Community Hospital was built as a workhouse in 1841, a further building known as the front hospital was opened in 1937 and both buildings were run as a district hospital by the Sisters of Mercy from 1937. It is currently run by the Health Service Executive (HSE) and provides long-stay, respite and convalescent care to the older population of Midleton and the surrounding area.

The hospital is set on a seven acre site and provides a range of other services on site including a day centre, physiotherapy, occupational therapy, podiatry, dietetic services, public health nursing and a mental health day hospital.

The bed capacity is for 72 residents. 65 beds are allocated to extended/ residential care, five for respite, and two beds are allocated for convalescent care/ community support. There were 59 residents living there at the time of inspection.

Accommodation is provided between two buildings known as the front and back hospitals. The main entrance is through the front hospital which houses the administration and management offices. The majority of resident accommodation is provided in shared bedrooms configured in six or more beds. These are referred to by residents, relatives and staff as 'wards'. On the ground floor St Anthony's ward is to the right of the main entrance and provides accommodation for 10 male residents including a palliative care room. To the left St Catherine's ward provides accommodation for 12 female residents; this includes one single room, one twin bedroom and an open ward. Both have a day room at the end of the ward area, a small nurse's office, two toilets and an assisted bathroom/shower room.

The building to the rear is a three-storey building with resident accommodation provided on two floors. The first floor is accessible via stairs and a lift. St Mary's ward is on the ground floor and provides accommodation for seven female residents of low to medium dependency levels. It has a separate day/dining room and a further sitting room area between the bed areas. A small kitchenette, two toilets and an assisted shower room are available for residents use.

Upstairs St Anne's and St Ita's wards provide 14 and 7 female beds respectively and St Joseph's and St Patrick's wards provide 14 and 8 male beds. None of these wards have separate day or dining space. St Anne's and St Ita's have four toilets and an assisted shower room. St Joseph's and St Patrick's have four toilets and one assisted bathroom.

A visitor's room is available on the second floor between the male and female wards. A recently refurbished hairdressing room is available on the ground floor along with a meeting room and a multidisciplinary office. A large church is accessible from the ground floor where mass takes place daily and is open to residents, staff and the local community.

The external grounds are extensive and provide ample car parking. The garden areas have recently been renovated from local fundraising and provide outdoor seating and safe walkways. There is a secure garden area at the side of the front entrance.

**Location**

It is located in a residential area on the periphery of Middleton town. All town amenities such as shops, a post office, and banks are located within a few minutes walk along a pedestrian footpath.

<b>Date centre was first established:</b>	1841
<b>Number of residents on the date of inspection</b>	57
<b>Number of vacancies on the date of inspection</b>	15

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	29	10	13	5

## Management structure

The Registered Provider is the Health Service Executive represented by General Manager Teresa O'Donovan.

The Person in Charge is the acting Director of Nursing Katherine Doran who currently reports to the General Manager.

The Person in Charge is supported in her role by an acting Assistant Director of Nursing. There is one Clinical Nurse Manager 2 (CNM2) and three Clinical Nurse Managers 1 (CNM1) and a team of nursing staff and multi-task attendants who in turn report to the Person in Charge.

There is an administration staff officer who has responsibility for overseeing the budget, residents' finances and general administrative duties and she manages a team of administration staff.

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	3*	10	5	3	4	2	3**

\* plus one deputy person in charge and one CNM2

\*\* one maintenance, one stores and one multi-task porter

## Background

Midleton Community Hospital was first inspected by the Health Information and Quality Authority's Social Services Inspectorate on 18 March 2010 and 19 March 2010.

A registration inspection was carried out on 23 February 2011 and 24 February 2011. A number of improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Standards for Residential Care Settings for Older People in Ireland*, particularly related to the requirements for the improvement of the environment, in particular the lack of communal space and the size and layout of rooms, the provision of person-centred care plans, and improvements in current use of restraint. The inspectors were also concerned regarding the number of requirements from the first inspection that have not been addressed and rectified as required by legislation.

The provider was required to complete an Action Plan to address areas where significant improvements and some improvements were required. The inspection report can be found at [www.hiqa.ie](http://www.hiqa.ie), inspection report number 0579. The chronology of the Authority's previous inspections is included at the end of this report.

This additional inspection report outlines the findings of a follow-up inspection that took place on 5 May 2011. The inspection was announced and focused on the Action Plan where significant improvements and some improvements were required, outlined as points one to sixteen in this report.

## Summary of findings from this inspection

The follow-up inspection was facilitated in a helpful and welcoming way by the person in charge and all staff on duty. Inspectors met with residents, relatives, the provider, the person in charge, the acting assistant director of nursing, the clinical nurse managers, staff nurses, multi-task attendants, the catering staff, administration, maintenance and other staff members. Records were examined including care plans, medical records, complaints log, accidents and incidents records, fire safety records, staff records including training records, policies and procedures.

The progress of the actions agreed with the provider to address the issues outlined in the report of the 23 February 2011 and 24 February 2011 were reviewed and the inspectors were particularly focused on the provision of communal space for residents in the back building.

The inspectors found that all of the actions outlined in the Action Plan had been addressed but they have not been fully completed, others were within their agreed time frame for completion.

- communal space was now provided in two new areas in the back building
- restraint usage had been reduced, but improvements were required in documentation
- the provision of training in elder abuse is being provided and is ongoing
- contracts of care have been drawn up but need to be given to residents and relatives
- improvements were seen in the provision of communal space for residents but the requirements for the improvement of the building structure and the provision of further private and communal space for residents is required
- development of a more individualised care planning process is ongoing within the time frame agreed
- information for staff files ongoing
- the provision of a residents committee has been completed
- development of risk management policies and procedures is ongoing
- medication and records storage and security has been addressed and completed.

Overall the staff have made substantial improvements and were working towards the uncompleted actions.

Other issues identified on this inspection included the requirement to risk assess the stairways, protection of the dignity of the residents during mealtimes and the provision of completed fire certification for the centre.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of 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*.

## Issues covered on inspection

The issues from the Action Plan from the previous inspection were the main issues covered on the inspection. A further three areas were identified as outlined below which also required action by the provider.

### **1. Health and Safety**

There are a number of stairs throughout the centre going from the ground floor to the first floor that are not secure so are open to be used by all residents. There are many residents on the top floor who have cognitive impairment who could easily access the stairways. There was no evidence in the centre of risk assessments having been completed around the stairways and potential for falls and accidents.

### **2. Dignity and Food and nutrition**

Substantial improvements have been made to the dining experience for a number of residents in St Anne's/St Ita's ward and in St Mary's wards, with the provision of dining tables which were appropriately set. The inspectors saw residents enjoying their meals at the table, and saw a number of staff assisting residents with their lunch. A number of staff were seen sitting beside residents and conversing with them in accordance with best practice; however, three nurses were standing up over residents while assisting them to eat. This assistance did not protect the dignity of the resident and could have adverse effects on the residents' ability to eat and of their enjoyment of their meal.

### **3. Fire Safety**

Written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with was not provided to the Chief Inspector, together with the application for registration as is required by legislation. The person in charge informed the inspectors that she is waiting on the required confirmation from the HSE fire officer.



## **Actions reviewed on inspection:**

### **1. Action required from previous inspection:**

The person in charge shall review the policy and practice and aim towards a restraint-free environment for all residents. If restraint is to be used as a last resort the centre is to follow strict best practice guidelines and maintain a record of the nature of the restraint and its duration.

The inspectors saw that there had been a reduction in restraint since the last inspection and that sensor alarms are being used on some chairs to prevent the use of lap straps.

Assessments were being completed on all residents and residents were being checked and released in accordance with best practice, but documentation of the restraint, the checking and giving residents the option for motion every two hours continued to require improvement. The clinical nurse manager showed the inspectors documentation they were hoping to implement throughout the hospital, following a trial period on her unit.

### **2. Action required from previous inspection:**

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Furnish the Chief Inspector with the outcome from the investigation into an allegation of abuse that occurred in the centre.

The CNM2 is continuing to provide elder abuse training to all staff on a weekly basis and informed the inspectors that all staff should have had training by the end of May 2011 as agreed in the action plan.

Information was forwarded to the Chief Inspector with an update from the investigation into an allegation of abuse that occurred in the centre and the inspectors were satisfied with this information.

### **3. Action required from previous inspection:**

Provide each resident or his/her representative with a contract of care detailing the services to be provided to the resident and the fees to be charged.

The person in charge showed the inspectors a completed contract of care and figures made out for charges for each resident that are to be included. No resident had yet received a contract of care and these needed to be rolled out as a matter of priority.

#### **4. Action required from previous inspection:**

Provide adequate sitting, recreational, smoking and dining facilities for residents separate from residents' private accommodation.

Make available to the Chief Inspector an action plan outlining future planning regarding compliance of the physical environment with 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*.

The inspectors saw that in St Ann's/St Ita's ward a new communal sitting/dining area was provided with comfortable seating, an electric fire, domestic type furnishings, television and a dining table and chairs. In St Josephs/Patrick's ward a further similar communal space was provided which included an old fashioned working gramophone and old records. Residents were seen to be enjoying the new communal space and told the inspectors that it was nice to have a comfortable area to watch television and relax with other residents and with their visitors. There is also a quiet/visitors' room provided between the two areas.

It is planned that the space presently occupied by the physiotherapy department will be made available to Midleton Community Hospital (MCH), as the physiotherapy department will be transferring to a new building within the campus, thus providing extra space to be utilised by MCH. The plans for this move are at an advanced stage. The person in charge told inspectors that by obtaining the space now occupied by the physiotherapy department, it will mean that management in MCH can improve the size and layout of existing space now occupied by residents by future planning of the extra space that will be obtained; thus decreasing the number of residents on the first floor by locating them to the ground floor. Detailed plans are to be drawn up and submitted to the Authority.

#### **5. Action required from previous inspection:**

Make suitable provision for storage in the centre, including suitable storage facilities for the use of residents.

Make available to the Chief Inspector an action plan outlining future planning regarding compliance of the physical environment with 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*.

The person in charge informed the inspectors that it is planned that all residents will have their own wardrobe, locker and lockable storage space in their rooms to store their valuables. This will be achieved by the purchase of furniture for all residents in line with budgetary constraints and sooner if possible.

As outlined above it is also planned that the space occupied by the physiotherapy department presently will be made available to Midleton Community Hospital (MCH) as the physiotherapy department will be transferring to a new building within the campus, thus providing extra space to be utilised by MCH. The plans for this move are at an advanced stage.

#### **6. Action required from previous inspection:**

Provide sufficient assisted baths and showers to meet the needs of the residents.

Make available to the Chief Inspector an action plan outlining future planning regarding compliance of the physical environment with 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*.

The person in charge informed inspectors that she had contacted the hospital plumbing contractor to get plans and a quotation for two extra showers for the first floor of the hospital. The Friends of the Hospital have offered financial assistance for this project, but it was agreed it should be looked at again in conjunction with the full conversion of the building for which plans need to be submitted to the Authority.

#### **7. Action required from previous inspection:**

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

The person in charge informed inspectors that the HSE quality and risk area manager visited the hospital on 23 March 2011 to provide advice and assistance on the design of a risk register and risk management policy for the centre. The inspectors saw the first draft of same which was comprehensive. This needs to be finalised and rolled out to all staff.

#### **8. Action required from previous inspection:**

Ensure that an appropriately qualified registered nurse is in charge of the designated centre at all times and in the absence of the person in charge, and maintain a record to this effect.

The duty rota seen by the inspectors clearly outlines who is in charge of the centre at all times and staff told inspectors they were aware of this.

**9. Action required from previous inspection:**

Resident's assessed needs are to be set out in an individual person-centred care plan developed and agreed with the resident and or his/her representative and other staff as appropriate.

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.

The person in charge informed inspectors that a steering group had been established to research and devise a suitable suite of documentation to assist in the provision of person centred care planning. The inspectors viewed a number of different documentation templates they had sourced and they had guest speakers to talk to staff on the delivery of person-centred care. This action is ongoing and within their agreed time frame from the previous report.

**10. Action required from previous inspection:**

Provide opportunities for meaningful fulfilment for residents which reflect the resident's preferences, interests and abilities.

The person in charge informed the inspectors that, due to the retirement of the previous post holder, the post of activities coordinator is to be advertised and they are hoping for a good response. The person in charge and staff felt that having an activities coordinator will assist in providing regular and meaningful activities for all residents.

A weekly activity schedule is to be forwarded to the inspection team.

**11. Action required from previous inspection:**

Put in place arrangements to facilitate residents to participate and have their say in the organisation of the designated centre.

The person in charge informed the inspectors that the first meeting of the residents committee had taken place with a good attendance of residents and relatives. Minutes of this meeting were seen by inspectors; residents and relatives welcomed the opportunity to be consulted and expressed satisfaction with the care and service. There were few suggestions but this was to be expected for a first meeting, next meeting to take place in July 2011.

**12. Action required from previous inspection:**

Maintain the equipment for use by residents or people who work at the designated centre in good working order.

The person in charge informed inspectors that all wheelchairs had been examined and footplates replaced, and this is now checked weekly by maintenance; the inspectors did not see any chairs without footplates on this inspection.

**13. Action required from previous inspection:**

Provide full and satisfactory information in relation to all staff in respect of matters identified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The inspectors checked five staff records and found that three files contained all the information as required by legislation, one file had all recruitment information stored centrally in HSE in Cork and one file continued to be missing a third written reference and photographic identification.

**14. Action required from previous inspection:**

Update the written statement of purpose to include a statement of matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Send a copy of the updated statement of purpose and function to the Chief Inspector.

The updated statement of purpose was forwarded to the inspector and was found to include a statement of matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**15. Action required from previous inspection:**

Ensure all medication practices and procedures abide by current legislation and An Bord Altranais Guidelines.

The inspectors saw that the medication trolley was now secured to the wall in the nurses' office of St Mary's ward.

**16. Action required from previous inspection:**

Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

The inspectors saw that a key pad lock was fitted to the office door in St Mary's and the door was seen to be locked.

**Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

***Report compiled by:***

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

10 May 2011

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection:</b>	<b>Type of inspection:</b>
18 March 2010 and 19 March 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
23 February 2011 and 24 February 2011	<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 \*

<b>Centre:</b>	Midleton Community Hospital
<b>Centre ID:</b>	0579
<b>Date of inspection:</b>	5 May 2011
<b>Date of response:</b>	18 May 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 provider has failed or is failing to comply with a regulatory requirement in the following respect:

Documentation of restraint, the checking of residents and documentation of giving residents the option for motion every two hours continued to require improvement.

#### Action required:

The person in charge shall review the policy and practice and aim towards a restraint-free environment for all residents. If restraint is to be used as a last resort the centre is to follow strict best practice guidelines and maintain a record of the nature of the restraint and its duration and ensure this is reflected in the documentation.

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

<b>Reference:</b> Health Act 2007 Regulation 25: Medical Records Standard 21: Responding to Behaviour that is Challenging	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  1. Review practice in line with HSE national policy. 2. Care plans of all residents on restraint presently are currently being reviewed. Where the use of physical restraint is deemed necessary as a last resort and following strict best practice guidelines, restraint records will demonstrate the periods when restraint is not in use. 3. In accordance with best practice we will strive to have a restraint free environment. If restraint is to be used this will be reviewed within twenty four hours by the multi-disciplinary team.	15 June 2011

<b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
Although contracts of care were completed they had not been made available for residents as is required by legislation.	
<b>Action required:</b>	
Provide each resident or his/her representative with a contract of care detailing the services to be provided to the resident and the fees to be charged.	
<b>Reference:</b> Health Act 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Contracts of care are currently being issued to all residents or their representatives.	30 June 2011



**3. The provider is failing to comply with a regulatory requirement in the following respect:**

There were a number of issues identified with the suitability of the premises:

- there was a lack of provision of adequate seating, recreational, dining space and smoking areas provided separately from the resident's private accommodation
- residents were not provided with adequate personal storage space, and with lockable storage space in their rooms in which to store their valuables
- the size and layout of multi-occupancy rooms occupied or used by residents were not suitable for their needs
- there were an insufficient number of assisted bath/shower areas for the number of residents.

**Action required:**

Provide further adequate seating, recreational, smoking and dining facilities for residents separate from resident's private accommodation.

**Action required:**

Make suitable provision for storage in the centre, including suitable storage facilities for the use of residents.

**Action required:**

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

**Action required:**

Provide sufficient assisted baths and showers to meet the needs of the residents.

**Action required:**

Make available to the Chief Inspector an action plan outlining future planning regarding compliance of the physical environment with 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*.

**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:**

<p>Provider's response:</p> <ol style="list-style-type: none"> <li>1. We have provided extra sitting room and dining room facilities in St. Joseph's/St. Patrick's and St. Ann's/St. Ita's Wards. Also we have got extra sitting area, i.e. cheize lounge in front porch for residents and families. We are also providing extra sitting room space in front building for St. Catherine's/St. Anthony's Wards.</li> <li>2. The physiotherapy service which currently occupies the ground floor of the building at the rear of the hospital is relocating and this space will be available to allow for the reorganisation of accommodation in St. Patricks and St. Joseph's which will create extra sitting room and dining room facilities. The Friends of Midleton Community hospital has agreed to support this through the provision of existing funds and fundraising initiatives. A plan will be provided once all the above identified space has been secured.</li> <li>3. Communication is ongoing with Mental Health Services re obtaining space occupied by them on the ground floor at the rear of the building. Should this space be made available designated this will provide extra private accommodation, sitting and dining room and also bathrooms and showers plus extra storage space.</li> <li>4. Staff visited St. Finbarr's Hospital to view the unit which was refurbished.</li> </ol>	<p>Complete</p> <p>December 31 2011</p> <p>Ongoing</p> <p>Complete</p>
--	--

<p><b>4. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The recently completed draft risk management policy which covered clinical and non-clinical risk and included hazard identified with risks to the environment and actions set out to manage these had not been completed and rolled out to all staff.</p> <p>All reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre were not taken.</p> <p><b>Action required:</b></p> <p>Put in place a comprehensive written risk management policy and implement this throughout the designated centre.</p> <p><b>Action required:</b></p> <p>Ensure the stairways are secure and risk assessments are completed for residents' use of same.</p> <p><b>Reference:</b></p> <p>Health Act 2007  Regulation 31: Risk Management Procedures  Standard 29: Management Systems  Standard 26: Health and Safety.</p>
---

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>1. A comprehensive risk assessment of the hospital has been carried out. Risk Management Policy is in progress presently as advised by Marie Keogh and this will be implemented throughout the hospital.</p> <p>2. Fire Safety Officer is assessing the situation for compliance with the fire certificate and the stairs will then be secured to comply with same.</p>	<p>31 August 2011</p> <p>31 June 2011</p>

<p><b>5.The provider has failed or is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Care plans were not fully reflective of all of the needs of the residents and were not always discussed and developed with the resident or his/her representative.</p> <p>Care plans were not reviewed at three-monthly intervals or sooner if the resident's condition changes.</p>	
<p><b>Action required:</b></p> <p>The resident's assessed needs are to be set out in an individual person-centred care plan developed and agreed with the resident and or his/her representative and other staff as appropriate.</p>	
<p><b>Action Required:</b></p> <p>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.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 8: Assessment and Care Plan  Standard 10: Assessment  Standard 11: The Resident's Care Plan</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A steering group has been established in the hospital to research and devise a suitable person centred care plan for each resident. Guest speakers have been invited to give talks to staff on the delivery of person centred care planning and documentation.</p>	<p>31 August 2011</p>

<p>All care plans will be agreed with the resident/representative and reviewed on a regular basis. To promote PCC, a discussion has taken place with staff re the introduction of PCC plans in consultation with each resident/representative. Staff visited St. Finbarr's Hospital and received a copy of their care plan.</p>	
---	--

<p><b>6. The provider has failed to comply with a regulatory requirement in the following respect:</b></p>	
<p>There was no activities coordinator organising the recreational and social activities provided to meet the varied needs of the residents, resulting in limited activities available to residents at times.</p>	
<p><b>Action required:</b></p>	
<p>Provide opportunities for meaningful fulfilment for residents which reflect the resident's preferences, interests and abilities.</p>	
<p><b>Reference:</b>  Health Act 2007  Regulation 10: Residents' Rights, Dignity and Consultation  Standard 17: Autonomy and Independence</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:   A timetable is set out for each ward for weekly activities and an Activities co-ordinator post has been applied for.  A holistic therapist will commencing therapy on Tuesday, 24 May 2011 for the residents' benefit.</p>	<p>24 May 2011</p>

<p><b>7. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</b></p>	
<p>One personnel file seen by the inspector did not have copies of three written references or photo identification.</p>	
<p><b>Action required:</b></p>	
<p>Provide full and satisfactory information in relation to all staff in respect of matters identified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p><b>Reference:</b>  Health Act 2007</p>	

Regulation 18: Recruitment Regulation 34: Volunteers Standard 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Administration staff are in the process of reviewing personnel files in personnel department in HSE central, so that all files in designated centre will contain all relevant documentation. Staff are currently submitting photographic identification.	31 August 2011

<b>8. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Three nurses were seen by inspectors standing up while assisting residents with eating and drinking. This assistance did not protect the dignity of the resident and could have adverse effects on the residents' ability to eat and of their enjoyment of their meal, and was not in line with best practice.	
<b>Action require:</b>  The person in charge shall ensure that appropriate assistance is given to residents who, due to infirmity or other causes, require such assistance with eating and drinking.	
<b>Reference:</b> Health Act 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All staff have been advised re the protection and safety of the residents at meal-times and the correct protocol to adhere to in assisting residents at meals.	Completed

<b>9. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with has not been provided to the Chief Inspector.	
---	--

<b>Action require:</b>	
Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.	
<b>Reference:</b>	
Health Act 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The estates department of the HSE are undertaking an audit of all community hospitals to ensure compliance with statutory requirements. A certificate of compliance will then be provided.	July 31 2011

**Any comments the provider may wish to make:**

**Provider's response:**

We would like to thank Caroline Connelly and Ann O'Connor for their professionalism and understanding during the inspection.

At no time were staff made to feel under pressure during the inspection, both residents and staff were treated with respect and dignity.

**Provider's name:** Teresa O Donovan

**Date:** 26 May 2011