

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Macroom Community Hospital
Centre ID:	0578
Centre address:	Macroom
	Co Cork
Telephone number:	026-20600
Fax number:	026-42878
Email address:	macroomch@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered providers:	Teresa O' Donovan
Person in charge:	Rosemary O'Connell
Date of inspection:	8 December 2011
Time inspection took place:	Start: 08:50hrs Completion: 15:30hrs
Lead inspector:	Vincent Kearns
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

Macroom Community Hospital is a Health Service Executive (HSE) facility and is a single-storey building dating back to the 1930's. It provides continuing care to residents over 65 years, including those with dementia, as well as care to people from the community who require respite, convalescent and palliative care.

Accommodation in the centre consists of four wards which are located off a main corridor and there is also one single bedroom located at one end of the centre. This single bedroom is dedicated to residents who require palliative care although when not in use it is allocated to residents receiving respite or convalescent care. There are three wards which accommodate 26 female residents and one ward which accommodates 11 male residents.

One female ward contains 11 beds, four wash-hand basins and two toilets. The second female ward contains seven beds, two wash-hand basins and two toilets. These wards share one assisted shower. The third female ward contains eight beds, three wash-hand basins and two toilets. The male ward has 11 beds, four wash-hand basins and two toilets. The residents in this female and male ward share one assisted shower. All residents have access to an assisted bathroom which is also fitted with an assisted toilet and wash-hand basin.

There is one large combined dining and sitting room located central to residents' accommodation. A large multi-denominational prayer room (with kitchenette) is located at the opposite end of the building and it is also used to hold special events such as residents' birthdays. Residents can access established gardens and the car park from each ward.

Location

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

Date centre was first established:	1930's
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	3

Dependency level of current residents	Max	High	Medium	Low
Number of residents	28	5	2	0

Management structure

Macroom Community Hospital is operated by the Health Service Executive. The Person in Charge (PIC) is the Director of Nursing, Rosemary O'Connell, and she is supported in her role by Clinical Nurse Manager II (CNM II), Bernadette Buckley. The PIC reports to an off-site General Manager, Teresa O' Donovan, who in turn reports to the Local Health Manager, Ger Reaney.

All nursing, multi-task attendants, kitchen, maintenance and administrative staff report to the PIC.

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	4	*4	**2	0	2	1

*Health care staff attend to cleaning duties - from 11:00hrs until 12:30hrs.

** 1 catering staff available from 14:30hrs – 18:15hrs.

Background

This was an announced follow up inspection, and the third inspection by the Health Information and Quality Authority. The previous inspection was a registration inspection which was conducted over two days on 15 July 2010 and 16 July 2010.

The purpose of this inspection was to ascertain the level of compliance 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 inspector spoke with residents, relatives, staff and management. The inspector read operational policies and procedures, general health and safety documents, staff rosters and care records.

Summary of findings from this inspection

The centre had a good standard of cleanliness throughout and the premises, fittings and equipment were well maintained. The PIC demonstrated a clear commitment to the delivery of person-centred care and to the future development of, and improvements to the premises and services. The inspector spoke with residents, relatives and staff on duty. Staff were knowledgeable about care of the older person and this was demonstrated in the care practices observed.

Since the last inspection the provider had fully implemented four of the actions and partially implemented one action from the previous inspection; however, there were a number of significant outstanding issues that the provider had failed to act upon and are dealt with in the body of this report.

The issues that were identified in this inspection were in relation to residents' contracts, updating the statement of purpose, the provision of a fire certificate, and the consent forms in relation to the use of restraint.

There were a number of significant issues in relation to the storing and administration of medicines and arrangements and appropriate procedures for the handling and disposal of unused or out of date medicines.

There were also a number of significant issues arising from the limitations of the layout of the premises which included:

- the limited space for residents' personal belongings
- the limited space for residents to meet with relatives in private
- the promotion of privacy and dignity for residents in multi-occupancy bedrooms
- there were no grab rails in either of the two residents' shower rooms
- there were inadequate and unsecured sluice/laundry facilities
- the cleaning store was unsecured
- there were inadequate storage facilities for assistive equipment

- the outside area was unsuitable for residents to use unaccompanied.

The Action Plan at the end of this report identifies areas where improvements were needed 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

1. Contracts of Care:

The PIC confirmed that there was an agreed contract with each resident within one month of admission. She also confirmed that each resident's contract deals with the care and welfare of the resident in the centre and includes details of the services to be provided for that resident and the fees to be charged. The inspector viewed a random selection of the residents' contracts and found them to be comprehensive; however, a number of residents' contracts had not been signed by the residents or their representatives.

2. Health and safety - Fire precautions and records:

During the inspection the PIC provided the inspector with written confirmation from a competent person that all the requirements of the statutory fire authority have been complied.

3. General Welfare and Protection:

The inspector viewed a centre-specific policy on elder abuse. The PIC and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all spoken to were clear on reporting procedures. All staff spoken to also stated that they had received training on identifying and responding to elder abuse.

There was a satisfactory restraint policy which aimed for a restraint free environment. While bedrails were in use, their use followed an assessment. The centre's policy on the use of restraint included a direction to consider all other options.

The PIC confirmed that the centre aimed for a restraint free environment and risk assessments were undertaken before introducing bedrails. The consent forms used in relation to the use of restraint did provide detail on the reason for the use of restraint and duration for its use; however, the consent forms viewed by the inspector were not signed by residents or their representatives as appropriate.

4. Residents' Rights, Dignity and Consultation

The inspector observed good interactions between staff and residents with a high visibility of staff in the bedrooms and the day room where they were observed chatting freely with residents. Residents, visitors and staff told the inspector that the PIC and the CNM II were regularly available and they felt that communication was welcomed and encouraged.

Residents stated that they felt that they were able to talk to staff at any time. The inspector noted that there were a number of relatives in the centre at different times during the inspection and more so during meal times, when visitors were observed assisting their relatives with their meals. Relatives that the inspector spoke to were

satisfied with information provided by staff about residents' healthcare and general wellbeing.

The inspectors observed the inclusive, respectful and reassuring manner in which residents were spoken to by staff, and the PIC informed the inspector that staff had actively participated in a training and development programme in dementia care.

The inspector observed that staff knocked before entering residents' bedrooms, waited for permission before entering, and screens were used in multi-occupancy bedrooms to ensure that privacy and dignity was maintained. However, a number of the multi-occupancy bedrooms contained up to eight residents sharing a bedroom, which impacted on the residents' privacy to the extent that each resident may not have been able to undertake personal activities in private. This issue has been dealt with under action number four in the Action Plan.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide appropriate bedroom space and appropriately use communal space having regard to privacy and dignity of the residents.

The PIC informed the inspector that there has been very strong support from the local community in relation to funding and this was evidenced by a number of items which included wide screen televisions in each ward, various pieces of furniture and equipment, and, more recently, the complete refurbishment of the clinic room which included the installation of purpose-built medical cupboards and shelving.

The premises which dates from the 1930's, retains its predominately institutional appearance. It was adequately clean, well lit and well ventilated in most areas. The design and layout of some parts were suitable, such as the communal areas. The communal day room was bright and pleasantly decorated with large windows affording an interesting view of the main area to the front of the centre. This room was essentially the hub of the centre and was used for most activities including dining, watching TV and social activities. Since the last inspection a small sitting room had been made available for residents' use adjacent to this communal day room.

The oratory located at the end of the centre also provided an alternative location that could be used for family visits, and the inspector observed one resident meeting relatives in this room. However, given its primary function it was difficult to create a homely communal environment which would encourage residents and families to use it.

The PIC explained that she had plans to further upgrade the general décor to include wallpaper in certain parts of the centre to try to improve the appearance by making it more homely. However, there were significant limitations arising out the design of the centre, which essentially was a small hospital. The physical design and layout of the premises was not suitable having regard to the number and needs of the residents and for the purpose of achieving the aims and objectives set out in the statement of purpose. Due to the multi-occupancy bedrooms which accommodated up to eight residents, there was inadequate private accommodation for residents to ensure that residents' privacy and dignity was met on a daily basis and that residents were able to undertake personal activities in private. There was limited space for personal belongings or for meeting with relatives in private. The inspector noted that the staff made every effort to protect the privacy and dignity of residents through the use of portable screens; however, the layout of the premises did not lend itself to the promotion of privacy for residents. This limited space between individual residents' beds also impacted on the storage of personal clothing and belongings. There was inadequate storage available and there were no locked areas for residents to keep their valuables. In addition, to gain access to some bedrooms the inspector had to pass through the larger bedrooms so there was regular traffic through the latter.

Since the previous registration inspection the inspector had met with the provider in April 2011 in relation to the significant issues of the premises. At this meeting the inspector was given a commitment by the provider that a detailed plan would be provided to the Authority in relation to the required upgrading of the premises to ensure that the centre would be in compliance 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*; however no such plan had been provided to the Authority to date.

2. Action required from previous inspection:

Provide handrails in main corridors.

The inspector noted that the installation of grab-rails in the corridors as required in the 15 July 2010 and 16 July 2010 inspection had been completed. However, there were no grab-rails available in either of the two residents shower rooms.

3. Action required from previous inspection:

Provide adequate sluicing, laundry and storage facilities

Multi-task attendants performed household and cleaning duties as well as their caring role. The inspector observed staff abiding by best practice in infection control with regular hand washing, and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers were present throughout the centre and the inspector observed staff using them regularly. However, the laundry room was inadequate as it was a combined sluice/laundry facility and storage area for vacuum cleaners. This arrangement ensured that dirty and clean laundry were handled in the same room, that commodes were also cleaned in this room and the bed pan washer was also located in this small room. In addition, the cleaning store which contained a variety of cleaning materials and chemicals had to be accessed by going through this laundry/sluice room and therefore posed further cross-infection risks. This cleaning room door was fitted with a lock; however, the inspector noted that this door was unlocked, with the door key left in the lock.

The laundry/sluice room was located just off the main corridor of the centre. The inspector observed that there was unrestricted access from the main corridor to this laundry/sluice room as the door into this room was unsecured and posed an unacceptable risk to any resident with cognitive impairment. When this was brought to the attention of the PIC she immediately contacted the HSE maintenance department in relation to remedying this issue.

There was appropriate assistive equipment available such as hoists, pressure relieving mattresses, wheelchairs and walking frames. However, there was inadequate storage space available for such equipment, so that equipment such as hoists and wheelchairs were stored in the residents' shower rooms.

4. Action required from previous inspection:

Provide external grounds which are safe for use by residents with cognitive impairment.

There were other services provided on the grounds of the centre such as a health centre and a day care centre and the external area of the centre contained some potted plants and garden seating. At the rear of the centre there was an inviting patio area which contained some shrubs and potted plants. This area had been developed through local fundraising activities. It also contained planted trees and sections of lawn which created an interesting pathway encompassing an old walled area. However, the outside area was not suitable for residents' use as there was a road which surrounded the centre and it was not adequately secured.

5. Action required from previous inspection:

Provide adequate storage of medications.

The PIC informed the inspector that staff had completed a training day on medication audit in November 2011. There were a number of nurse prescribers on the staff and they had completed a nurse prescriber's audit in September 2011.

The inspector viewed two new medication trolleys that had been provided since the last inspection and noted that there was adequate space in each trolley for the storage of residents' medications. However, there were not appropriate and suitable practices relating to the storing and administration of medicines to residents as the inspector observed the following during this inspection:

- one of the medication administration trolleys was unlocked
- there were no medication audits available
- in one of the medication administration trolleys there were two medication receptacles that contained unidentified crushed medications
- there was one large medication container with no identifying label that contained a large quantity of unidentified white tablets.

In addition, there were not suitable arrangements and appropriate procedures in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines as the inspector noted that there were 10 bottles of residents' medications, mainly unfinished courses of antibiotics, that were stored in one of the medication cupboards.

6. Action required from previous inspection:

Revise the statement of purpose so that it includes the objectives of the centre.

Revise the statement of purpose so that it includes older people with dementia in the range of needs that the centre is intended to meet.

There was a written statement of purpose available and the inspector was informed that it was kept under review by the provider and made available to residents on admission.

The statement of purpose described the services and facilities provided in the centre and met most of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However, as the centre had multi-occupancy bedrooms that contained up to eight highly dependent residents in need of 24-hour high support nursing care, the inspector requested the PIC to review the statement of purpose so that it defined a clear and precise rationale for the use of the multi-occupancy rooms within the centre.

Also, the statement of purpose did not adequately detail the following:

- the fire precautions and associated emergency procedures in the designated centre
- the arrangements made for dealing with complaints including the named complaints officer and appeals process
- the number and size of rooms in the designated centre.

7. Action required from previous inspection:

Maintain records of complaints in a manner so as to ensure completeness, accuracy and ease of retrieval.

Residents and their relatives reported to the inspector that they had easy access to the PIC and they could openly report any concerns to her or any member of staff. Staff spoken with articulated adequate responses to effectively managing complaints and they could give a satisfactory outline of the appropriate reporting relationships in relation to processing a complaint. The inspector noted that the HSE policy 'Your Service Your Say' was available. The PIC informed the inspector that complaints were recorded in a folder which the inspector viewed and that these complaints were discussed with staff at staff meetings to allow learning to occur. Minutes of these meetings confirmed that such meetings occurred. However, the PIC confirmed that there was some confusion regarding which local verbal complaints are recorded locally and at what stage they are sent into the national complaints system and agreed to review this current practice.

Report compiled by:

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

20 December 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
15 July 2010 and 16 July 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
30 March 2010 and 31 March 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
8 December 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Macroom Community Hospital
Centre ID:	0578
Date of inspection:	8 December 2011
Date of response:	19 January 2012

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 to comply with a regulatory requirement in the following respect:

To agree a contract with each resident within one month of admission to the designated centre.

Action required:

Make suitable arrangements to agree a contract with each resident within one month of admission to the designated centre.

Reference:

Health Act, 2007
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

* 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>The person in charge showed the inspector on the day that there was an agreed contract of care undertaken with each resident within one month of admission. The person in charge showed that each contract deals with the care and welfare of the resident and includes details of the services to be provided and the fees charged to that resident. The person in charge will follow up with the resident/their representative and request they sign the contract of care where they have previously been unable or chose not to sign.</p>	<p>31 January 2012</p>

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>To set out each resident's needs in an individual care plan that is developed and agreed with the resident and includes detail of the reason for the use of restraint, the duration for its use and where possible residents signed consent.</p>	
<p>Action required:</p> <p>Make suitable arrangements to set out each resident's needs in an individual care plan that is developed and agreed with the resident and includes detail of the reason for the use of restraint, the duration for its use and where possible residents signed consent.</p>	
<p>Reference:</p> <ul style="list-style-type: none"> Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence 	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Each resident's needs are set out in an individual care plan developed and agreed with the resident/representative who will be asked to sign the care plan to demonstrate their consultation in its formation. The person in charge outlined to the inspector on the day that the hospital aims for a restraint-free environment, and appropriate risk assessments are undertaken before introducing any form of restraint.</p>	<p>31 January 2012</p>

<p>While there are consent forms used in relation to the use of restraint, which provide the rationale for use of restraint, existing records relating to consent have been updated where it clearly identifies a signature for resident/relative consultation.</p>	
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<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The premises lacked adequate:</p> <ul style="list-style-type: none"> ▪ bedroom accommodation for residents ▪ grab-rails in either of the two residents shower rooms ▪ sluice, laundry and storage facilities ▪ private space for residents ▪ suitable storage provision for equipment 	
<p>Action required:</p> <p>Provide appropriate bedroom space and appropriately use communal space having regard to privacy and dignity of the residents.</p>	
<p>Action required:</p> <p>There were no grab rails available in either of the two residents shower rooms.</p>	
<p>Action required:</p> <p>Provide adequate sluicing, laundry and storage facilities.</p>	
<p>Action required:</p> <p>Provide adequate private accommodation is provided for residents.</p>	
<p>Action required:</p> <p>Provide suitable provision for storage in the designated centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 4: Privacy and Dignity Standard: 25 Physical Environment Standard 26: Health and Safety</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>Action 1, 3, 4 and 5: Minor Capital monies available through the Estates Department of the HSE for 2011 and early 2012 have been prioritised for completion of fire works to enable all public facilities achieve fire certification. Once fire certification has been received for all public facilities, a programme of work to prioritise available funding to ensure public facilities reach the Health Information and Quality Authority's environmental standards for existing buildings will commence. This will include development of drawings and costings for facilities such as Macroom Community Hospital.</p> <p>Action 2: The grab-rails have been replaced in the shower areas. These had been removed during refurbishment of the showers and had not been reinstalled at the time of inspection.</p>	<p>31 December 2012</p> <p>Complete</p>
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<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>To take all reasonable measures to prevent accidents to any person in the designated centre by securing the laundry/slucie room and the cleaning room.</p>	
<p>Action required:</p> <p>Put in place all reasonable measures to prevent accidents to any person in the designated centre by securing the laundry/slucie room.</p>	
<p>Action required:</p> <p>Put in place all reasonable measures to prevent accidents to any person in the designated centre by securing the cleaning room.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems</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>Action 1: A keypad has been inserted to restrict access to the laundry/slucie area.</p> <p>Action 2: A digilock has been installed on the door to the cleaning room ensuring it is closed at all times.</p>	<p>Complete</p> <p>Complete</p>

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

The external grounds were not suitable for, and safe to use by residents.

Action required:

Ensure that the external grounds were not suitable for, and safe to use by residents.

Reference:

Health Act, 2007
Regulation 19: Premises
Regulation 31: Risk Management Procedures
Standard 25: Physical Environment
Standard 26: Health and Safety

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

Timescale:

Provider's response:

Minor Capital monies available through the Estates Department of the HSE for 2011 and early 2012 have been prioritised for completion of fire works to enable all public facilities achieve fire certification. Once fire certification has been received for all public facilities, a programme of work to prioritise available funding to ensure public facilities reach the Health Information and Quality Authority's environmental standards for existing buildings will commence. This will include development of drawings and costings for facilities such as Macroom Community Hospital.

31 December
2012

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

To ensure appropriate and suitable practices relating to the ordering, storing and administration of medicines to residents.

Action required:

Make suitable arrangements to ensure appropriate and suitable practices relating to the ordering, storing and administration of medicines to residents.

Reference:

Health Act, 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The lock on one of the medication trolleys was faulty on the day of inspection and awaiting the company who supplied it to come and fix it. This has since been completed and is working satisfactorily at this time.</p> <p>Medication audit has been undertaken; however, the information had not been collated for the inspector to view on the day of inspection.</p> <p>Policy documents have been reviewed by all staff and a training day is being organised regarding best practice in medication management for staff.</p> <p>All nursing staff will have completed the E-Learning programme on Medication Management set by An Bord Altranais by 31 March 2012.</p>	<p>Complete</p> <p>31 March 2012</p>

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

To ensure that there are suitable arrangements and appropriate procedures in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines.

Action required:

Make suitable arrangements to ensure that there are suitable arrangements and appropriate procedures in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines.

Reference:

Health Act, 2007
 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
 Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Policy documents have been updated and all staff have been informed regarding best practice in relation to the safe handling and disposal of unused and out of date medications.</p>	<p>Complete</p>

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

To compile a statement of purpose that:

- Details the fire precautions and associated emergency procedures
- Details the arrangements made for dealing with complaints
- Provides the number and size of rooms in the designated centre

Action required:

Compile a statement of purpose that:

- Details the fire precautions and associated emergency procedures
- Details the arrangements made for dealing with complaints
- Provides the number and size of rooms in the designated centre

Reference:

Health Act, 2007
 Regulation 19: Premises
 Regulation 10: Residents' Rights, Dignity and Consultation
 Regulation 5: Statement of Purpose
 Standard 25: Physical Environment
 Standard 28: Purpose and Function

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

Timescale:

Provider's response:

Statement of purpose updated and relevant additions added.
 Submitted to the inspector on 12 December 2011.

Complete

Any comments the provider may wish to make:

Provider's response:

The HSE welcomes the Health Information and Quality Authority inspection team to Macroom Community Hospital and would like to thank the inspector for the professional manner in which he carried out his inspection. There was a positive interaction with the residents, relatives and staff.

Provider's name: Teresa O' Donovan

Date: 19 January 2012