

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act 2007



Centre name:	Cobh Community Hospital
Centre ID:	0558
Centre address:	Cobh
	Co Cork
Telephone number:	021-4811345
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Email address:	cobh.hospital@ireland.com
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Cobh Community Hospital Board of Managers
Person authorised to act on behalf of the provider:	Dr Peter Morehan
Person in charge:	Julie Dwyer
Date of inspection:	8 June 2011 and 9 June 2011
Time inspection took place:	Day-1 Start: 09:30hrs Completion: 18:00hrs Day-2 Start: 09:15hrs Completion: 17:00hrs
Lead inspector:	Caroline Connelly
Support inspector(s):	Ide Batan
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centers and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Cobh Community Hospital was first established as a hospital in 1908. It is a two-storey designated centre which provides residential and respite care mainly for older people and for older people with a mild degrees of dementia. It accommodates 38 residents and there were 36 residents living there at the time of the inspection.

The accommodation is on three levels, one level on the ground floor is split into two separate levels known as 1A and 1B. Access from 1A to 1B is by steep steps and a separate "platform type lift" is provided for wheelchair residents to get from one level to another. Access to the second floor is by stairs and full lift from ground floor (1A level); however, this lift does not access the six residents in St John's Ward which is on level 1B and they use a platform type lift to get to the ground floor.

There are 12 bedrooms in total. Three bedrooms are single; one has an en suite with shower, toilet and wash-hand basin facility, while the other two had wash-hand basins in the room. There are three twin bedrooms, three three-bedded and three six-bedded rooms.

There are five assisted showers with toilet and wash hand sinks and five separate toilet and wash-hand basin. These are placed in close proximity to bedrooms.

Communal accommodation includes a parlour and a smoking room on the ground floor, a recreation room and an oratory on the second floor. There is no specific dining room. Residents were observed to part-take of their meals in their rooms at their bedside.

There are day care facilities adjacent to the centre that is accessed from the centre via a connecting corridor. The person in charge stated that four residents use the facility on a weekly basis.

There are limited car parking facilities available in the car park to the front of the hospital.

Cobh Community Hospital is situated within the town of Cobh, close to shops, banks, the post office, and other amenities. It is approximately 15 miles from Cork City.

Date centre was first established:			1908	
Number of residents on the date of inspection:			36	
Number of vacancies on the date of inspection:			2	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	12	11	8	5
Gender of residents			Male (✓)	Female (✓)
			10	26

Management structure

Cobh Community Hospital is a voluntary hospital governed by a Board of Management. The Chairperson of the Board and named Provider is Dr Peter Morehan. The Person in Charge is Julie Dywer who is the Director of Nursing she is supported in her role by the Clinical Nurse Manager 2 (CNM2) Eileen O'Keefe and a team of nursing and multi-task attendants.

The Person in Charge reports to the Board of Management and all nursing, multi-task attendants, laundry, cook, clerical, and maintenance staff report to their line manager who in turn report to the Person in Charge.

Summary of compliance with 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*.

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate Fit Person interviews were carried out with the provider and the person in charge. The Fit Person self-assessment document was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

The person in charge and the provider demonstrated a commitment to quality care delivery and continuous improvement, and had knowledge 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*.

The person in charge is new to her role having commenced working in the centre in December 2010. The person in charge was involved in the day-to-day running of the centre and the registered provider who is also one of the GP's attending the centre visits the centre daily and was in regular contact with the person in charge and the management team. They were both found to be committed to improving the service for residents.

Sixteen completed questionnaires were received from relatives and residents prior to the inspection and a number of residents and relatives were interviewed in private; many more were spoken to throughout the inspection. The feedback received from them was generally very positive and indicated that they were satisfied with the care provided but relatives would like to see improvements in the size of rooms and facilities for privacy in the centre.

There are strong connections with the local community through volunteers providing entertainment for residents, local clergy visits, fundraising and other local events.

Inspectors observed that residents appeared to be well cared for, which was further reflected in residents' comments and that their daily personal care needs were well met. The involvement of relatives was actively invited and facilitated by an open visiting policy. The residents' committee provided a voice to residents in the operation of the centre.

Inspectors found that the premises posed significant challenges to the provision of residential care services, in particular the size and layout of rooms, the provision of adequate sluicing, bathroom facilities and dining facilities and outdoor facilities.

A number of improvements were required to comply with 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*. These are dealt with in detail in the Action Plan at the end of this report.

These improvements included:

- further updating of the statement of purpose and function
- ongoing review of the quality of care
- staff required evidence of medical fitness in the staff records
- fire drills to be held regularly
- review of the skill-mix
- update the contracts of care
- provision of dining, living and visiting facilities separate from private accommodation
- reduction of multi-occupancy accommodation to promote privacy of residents.

Section 50 (1) (b) of the Health Act 2007

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*.

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

A recently updated statement of purpose and function which described the service and facilities provided in the centre was viewed by the inspectors. It identified the staffing structures and numbers of staff in whole time equivalents. It also detailed many other aspects of the service.

The statement of purpose and function did not meet all 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). Omissions included the relevant qualifications and experience of the registered provider and person in charge, the name and position of each person participating in the management of the centre and an organisational structure. It required more detail on the arrangements for how residents were consulted on the running of the centre the admission criteria and the age range of residents that can be accommodated. The statement of purpose requires an implementation date, a review date and version control.

The statement of purpose is to be kept under review by the provider and is to be made available to residents and relatives.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

There is an active residents committee in place which allows residents to raise issues and bring forward their experiences and suggestions of the care; this will be discussed further in outcome 11.

The inspectors saw that there was a comprehensive log of all accidents and incidents that took place and that these were reported to the Chief Inspector as required by legislation. The inspectors reviewed these notifications prior to and during the inspection and were satisfied with actions taken.

The person in charge had commenced the process of gathering data on resident accidents and incidents for statistical and analytical purposes, but the results of these audits were not available and therefore not discussed with staff to heighten awareness and identify trends. The inspectors were informed that this is the plan in the next number of months. The inspectors identified that the whole area of clinical risk audit and review of the quality and safety of care required further consideration and the learning should lead to changes and improvements made to practice as a result.

Outcome 3

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures

Standard 6: Complaints

Inspection findings

Inspectors saw that complaints from residents were logged in a duplicate book; a copy is placed in the resident's care plan. This outlined the complaint, action taken and outcome, and the person in charge informed inspectors that any complaints are discussed with staff to ensure they learnt and changed practice as a result of complaints as required.

Although there was a complaints procedure clearly displayed which identified the nominated complaints officer, it did not include an independent appeals process as is required by legislation.

2. Safeguarding and safety

Outcome 4

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

Inspector viewed records maintained of staff's attendance at elder abuse training. Staff interviewed informed the inspector that they had viewed the Health Service Executive (HSE) DVD on elder abuse and held discussions in order to increase their awareness and understand clearly their responsibilities. Two staff were trained in the delivery of elder abuse and protection training. Staff were aware of what to do if an allegation of abuse was made to them and clearly told the inspectors there was a policy of no tolerance to any form of abuse in the centre.

Residents' finances were safeguarded by the policy on the management of residents' accounts and personal property. Inspectors saw a record of all money and valuables kept in the safe for safekeeping for residents, along with a list of all withdrawals or lodgements which were signed and properly receipted. All financial records are subject to regular internal and external audits and inspectors saw evidence of this.

The insurance report was reviewed and found to meet regulatory requirements for the protection of residents' property.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

The fire policies and procedures were centre-specific. The fire safety plan was viewed by inspectors and found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the building. Fire training was provided to staff on various dates in 2011 and 2010. Inspectors viewed records that showed that all staff members had

attended training. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire and spoke of the emergency list of staff they could call in the event of a fire. The last fire drill was held in April 2011.

Inspectors examined the fire safety register with details of all services carried out. All fire door exits were unobstructed and fire fighting and safety equipment and fire alarms had been serviced in November 2010 and March 2011. Two evacuation chairs are available to be used in the event of a fire and staff have been trained in their use.

The residents' smoking room was in a high traffic area with a viewing panel in the door. It contained a call-bell, fire extinguisher and a fire retardant apron to ensure the safety of the residents using it.

Following the requirements from the previous inspections, the previous person in charge had engaged the services of an engineer to address the issues of the lift and stairway and the inspectors saw that the lift has been guarded by a lockable gate/door and handrails were fitted on the stairways.

The inspectors saw a comprehensive self assessment check of all aspects of safety in the centre completed quarterly by the person in charge. The risk management policy seen by the inspectors was updated in May 2011. Although a centre-specific safety statement which contained numerous safe working practice sheets was viewed by the inspector, there were no ongoing systematic hazards identified with risks to the environment and actions set out to manage these. The person in charge did inform the inspectors that they were working towards this and showed the inspectors some hazard identification sheets she had commenced working on but this work needs to be prioritised and all staff made aware of hazards and control measures.

Although there was an emergency plan in place in the event of fire the provider did not have a plan in place to deal with other emergencies such as the loss of electricity or to provide accommodation for residents in an emergency situation, if they had to evacuate the centre and were unable to return. The regulatory requirement for an emergency plan is reflected in the Action Plan at the end of this report.

The person in charge has commenced a process with a private company to service all equipment on a twice-yearly basis.

Clinical risk assessments are undertaken including falls risk assessment, nutritional assessments and skin assessments.

Outcome 6

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

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

Inspection findings

Residents who spoke with inspectors were knowledgeable about their medications and inspectors heard staff explaining to residents what their medications are for. The local pharmacist is involved in reviewing medications and providing advice and to staff on all aspects of medication management. The inspectors observed a nurse administering the medications and observed safe practice in medication administration and in the recording of the drugs administered, this was carried out in line with An Bord Altranais Guidelines 2007. The medication prescription sheet contained all the required information and included the residents' photo.

Medications were prescribed, stored, and disposed of appropriately in line with An Bord Altranais Guidance to Nurses and Midwives on Medication Management (2007), the auditing of medication management had commenced in April with the pharmacist and nursing staff and the person in charge informed the inspectors that this was to take place on a regular basis.

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift. The nurse displayed a good knowledge of medications and the procedure outlined for administration.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Inspectors observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met. Residents where possible were encouraged to keep as independent as possible and inspectors observed residents moving freely around the wards and in the corridors. Residents had good access to peripatetic services. A physiotherapist that is attached to the day care centre visited the residents as required. She assessed residents on admission and developed a programme specific to their needs. Records of visits and treatments given by the physiotherapist were maintained.

Optical services were provided if required. Those who wished to attend a local optician were supported and accompanied either by a relative or a staff member. Dental services were provided. A local dentist visits the hospital as required and again residents were accompanied to go to their own dentist if they so wished.

Occupational therapy (OT), speech and language and dietetic services were available on referral by the GP to the acute hospitals or the staff would arrange to have the service provided to the resident in the centre. The person in charge outlined that the waiting time for these services could be lengthy at times. Podiatry is available on a referral basis within the fee and also available privately at local level.

A consultant physician in geriatric medicine visits the centre every two months and reviews residents as required and meets with the GP's and member of the multidisciplinary team. Recommendations and ongoing treatment from these clinics are communicated to all the staff.

There are five GPs visiting the residents, with out-of-hours medical services provided by South doc. Residents received a full review of all their medical care in which bloods were taken frequently and medication was reviewed on a three-monthly basis or sooner if required. These reviews were recorded on their drug cards and in their medical notes. The inspector reviewed a number of residents' medical notes; residents' medical reviews were carried out very regularly by the visiting GPs.

Inspectors spoke to one of the GP's who is also the named registered provider. He discussed the changes to medication management and how he now reviews his residents' medication three monthly with the pharmacist and staff. He told inspectors that he feels these more regular reviews have brought about great improvements in service delivery to the residents and reductions in medications prescribed.

Inspectors viewed a number of residents' records. Residents were assessed using comprehensive activities of daily living assessment tool including risk of pressure sore formation, falls, nutrition; these assessments formed the basis for person-centred care plans. Reassessments were completed on a three monthly basis or sooner if required.

The inspectors reviewed the wound care assessment and recording charts in use in the centre. They reviewed the care of one resident with leg ulcers the inspectors viewed photographic evidence of the wound and the charts and were satisfied to see that the wound care was being provided in accordance with evidence-based practice and that

staff had received wound care training. Numerous up-to-date reference books and materials were seen in the nurse's office around wound care and the staff spoken to were knowledgeable about the subject.

The inspectors were satisfied to note that staff were working towards a restraint-free environment. The staff informed the inspectors that the only form of restraint used were bedrails on two residents. Records of the two residents being restrained were viewed by the inspectors and a full assessment for the need for restraint had been completed. The records confirmed regular options for movement and release of restraint and of a regular checking process. There appeared to be a misconception by the staff around bedrails with staff believing that if the bed came with fitted wooden bedrails and they were used that this did not constitute restraint. The inspectors confirmed that this use of bedrails was a form of restraint and required the same assessment checking and monitoring system as any other form and recommended update training on restraint for staff.

An activity programme is available and coordinated by one of the nurses. Volunteers from the community come in and entertain residents, they have knitting sessions, gentle exercise, relaxation, and bingo. One past member of staff visits five days a week and assists male residents, talks, sings and reminisces with them. The residents were seen to enjoy the interaction. The inspectors observed a knitting session and a bingo session with a large number of residents and volunteers, some obviously enjoying a glass of sherry, while others had minerals and snacks. On the afternoon of the second day there was a Boccia session on, which is a strategic version of a game of bowels. The inspectors viewed a lively session that took place with many residents partaking in the game with others enjoying watching it. Inspectors saw the obvious enjoyment and participation of the residents and staff. Residents and staff also told inspectors that they look forward to the Boccia sessions and hope to set up a league playing against other residential centres.

Since the last inspection two members of staff have received training in Sonas a therapeutic activity programme which they run weekly and they have also introduced talking mats.

Residents generally spoke highly of the organised activities and told inspectors they had a choice to participate or not depending on how they felt on the day.

A variety of one-to-one activities had also been put in place to facilitate the residents who were unable to attend the organised activity sessions in the day room, these included, hand massage, aromatherapy, chatting with residents, talking mats and newspaper reading. In each bedroom there is a notice board telling the residents what is on daily.

Outcome 8

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

The centre had policies and procedures for end-of-life care which were centre-specific, the inspectors say evidence that staff had read same. One relative told the inspectors that her relative had died at the centre and he had received great care and dignity. She was facilitated to stay overnight with her relative to which she was most grateful. Drinks and snacks are provided to families as required.

Staff told inspectors that they have access to services of the palliative care team and the local hospice for advice and support to enable them to provide care to residents at end stage of life in the centre when necessary. The staff have used syringe drivers for pain relieving medication administration and involve relatives and the pastoral care team throughout.

Three members of staff were attending end of life training on the day following the inspection and other nursing staff had completed the palliative care course.

There is a nun who provides pastoral care to the residents and attends the centre on a very regular basis. There is an oratory provided for quiet time and reflection and mass is said daily. Residents of other religious denominations are visited by their ministers on request but are always available at end-of-life stage if required.

The centre has its own mortuary in the grounds of the hospital, which is also used by the local community as required.

Outcome 9

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

The quality and presentation of meals was of a good standard, confirmed by inspectors who sampled the food. The menu was displayed at notice boards throughout the building. A good choice was offered on the menu and residents

informed inspectors, that if they did not like what was on the menu they could have something else. The food was fresh, nutritious, prepared and well presented.

The catering staff were aware of the likes and dislikes of residents and inspectors saw the list that went to the kitchen identifying preference and type of diet consistency required for each resident. Inspectors saw staff assisting residents where necessary with their meals in a respectful manner whilst maintaining residents' independence wherever possible.

The risk of weight loss was well managed. Residents had their weight recorded and the malnutrition universal screening tool (MUST) was being used to record all residents' body mass index on a three monthly basis or sooner if required.

Residents had access to fluids throughout the day. Jugs with water were seen in ward areas and plenty of fluids were offered and encouraged at mealtimes.

The person in charge was using a small staff area twice a week for a small number of different residents to have tea with her and other staff members around a dining table which they all reported as being very enjoyable and beneficial. However there was no dining room. Residents had their meals served on a bed table in front of the chair beside their bed where they sat for the day, or actually in their bed. The inspectors observed the residents having lunch and found that it was difficult for them to converse with other residents and found the dining experience did not allow residents to socialise and relax at a dining table over meals. Having meals in the bedroom did not allow the resident the choice of moving to another area for meals.

4. Respecting and involving residents

Outcome 10

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Contracts of care had recently been implemented as a requirement of previous inspections but the inspectors found that they were not always agreed within a month of new admissions and they did not stipulate the fee to be paid and what was included and excluded from that fee.

Outcome 11

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Inspectors observed residents' privacy being respected by the appropriate use of screens around each bed when any personal care was being delivered. Staff were seen to knock on the doors of residents' rooms and wait for a reply before they entered.

There is an active residents committee in place; it is chaired by the nurse who coordinates the activities. The staff nurse had obtained a microphone for the committee meeting to ensure everybody was able to hear the discussion. The inspectors viewed minutes of previous resident committee meetings and saw actions taken and issues addressed as a result of the meetings, and residents commented on how good the committee was for them to raise issues and bring forward suggestions.

There are suggestion boxes available for resident's comments and suggestions and the person in charge and CNM2 talk to the residents and relatives daily and look for any issues or areas that require addressing.

A number of residents informed inspectors that the ability to vote was very important to them and that they were facilitated to do that in the centre. The staff nurse informed the inspector that she annually registered the residents with the local council and that a returning officer comes to the centre to allow the residents to cast their vote.

There is an open visiting policy in operation and this was confirmed by residents and relatives except that visitors are asked not to visit at mealtimes to ensure privacy for residents. Residents and relatives commended staff on how welcoming they were to all visitors but a number of visitors identified not having privacy for visiting was an issue for them.

The person in charge informed inspectors that residents were encouraged to go out on family outings and overnight stays where possible and a number of residents told inspectors that they had done so. One resident who spoke to the inspectors informed them that he goes on regular holidays.

Plenty of newspapers were seen throughout the ward areas and televisions were placed at appropriate positions throughout. A computer with a printer and internet access was available for residents use in the newly refurbished parlour.

The community is heavily involved in the centre. The Friends of Cobh Hospital provide a comfort fund for residents from local community fundraising and many volunteers provide time and company to the residents.

Outcome 12

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

The inspectors identified a lack of storage space for resident's belongings particularly in the multi-occupancy accommodation with three bedrooms accommodating up to six residents. These rooms had limited area surrounding the beds for private space or storage of personal items.

The system in place for managing residents' clothing was effective. Following residents' agreement all clothing was discreetly marked on admission. This helped to ensure clothing from the laundry was returned to the correct resident. Residents stated that they were happy with the way their clothing and personal belongings were managed in the centre.

5. Suitable staffing

Outcome 13

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The person in charge is actively involved in the day-to-day organisation and management of the service. She displayed a clear understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and showed an acute awareness of the challenges facing the hospital in line with *the National Quality Standards for Residential Care Settings for Older People in Ireland*.

There have been four changes of person in charge over the past three to four years. Since December 2010 Julie Dwyer has been in post as director of nursing and person in charge. The person in charge is a registered general nurse who has undertaken many post registration courses including a degree in nursing, a diploma in health service management, a higher diploma in gerontological nursing and a master's degree in dementia studies.

The person in charge works full time and is supported in her role by a the clinical nurse manager 2 (CNM2) who covers for the person in charge in her absence and senior staff nurses take charge of the centre at the weekends and at night time. However the person in charge or the CNM2 did not appear on the rota and it was unclear who was in charge of the centre at all times, including weekends evenings and nights on the rosters given to inspectors.

Outcome 14

There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

Residents and relatives spoke positively regarding staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.

Centre-specific, evidence-based recruitment policies and procedures were reviewed by inspectors and found to be comprehensive. Volunteers were included in screening and evidence of Garda Síochána clearance and references were seen in their files. Many volunteers were retired members of staff.

A number of staff were interviewed regarding their recruitment, induction, and ongoing professional development. Review of staff records showed that staff were recruited and inducted in accordance with best practice.

Staffing records viewed by inspectors showed that staff had mandatory training in moving and handling, fire drill and evacuation, hand hygiene, and training in elder abuse and protection. There are a number of staff trained as trainers in areas of basic life support and automated external defibrillators, hand hygiene, elder abuse and the use of fire evacuation chairs. Many of the nursing staff are trained in blood taking procedures.

Further areas of training identified included:

- wound care
- dementia training
- continence promotion
- nutritional training on dysphasia
- care planning and documentation
- leading empowered organisation (LEO)
- Further Education and Training Awards Council (FETAC) Level 5 (eight Modules)
- Hazard Analysis Critical Control Point (HACCP)
- Sonas
- talking mats
- basic life support.

The inspectors viewed a programme of education where staff attending external training, come back and present and share their newly acquired knowledge with their colleagues.

Inspectors saw completed staff appraisals in staff files. Inspectors saw, and staff confirmed, that the staff facilities were of a good standard with lockers, changing area, staff toilet, shower and staff dining room.

Overall the staffing levels and skill-mix were based on the number and dependency levels of the residents, staffing levels in the afternoon had increased as a recommendation of the previous inspection but the staffing levels required review to meet the assessed needs of residents at night time, taking into consideration the size and layout of the centre on three levels. The staff cover left 23:00hrs to 08:00hrs daily with only two staff available to provide care for up to 38 residents. Twelve of these residents were assessed as having maximum dependency needs and eleven were assessed as having high dependency needs.

Although inspectors saw that there were a number of comprehensive staff files, and that the person in charge was working towards attaining all the information required, a number of personnel files did not evidence of medical and mental fitness to work at the centre and one file seen had two written references but did not have three written references as required by legislation.

6. Safe and suitable premises

Outcome 15

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

There were many challenges posed by the structure of the building and the physical environment to ensure that resident's privacy and dignity was met on a daily basis and during end-of-life care. Difficulties were presented due to the multi occupancy of the bedroom space, which in some instances accommodated up to six residents in 'wards' and there was limited space between individual residents' beds impacting on their privacy and dignity.

Residents told inspectors that they were encouraged to personalise their rooms with pictures of family and friends and individual possessions. This was seen by inspectors to work well in the single rooms, but was more difficult in the multi-occupancy rooms due to lack of space.

The kitchen was clean and well organised. Catering staff interviewed had all received food handling training, and records of training reviewed by inspectors were found to be up-to-date. The kitchen was well stocked with ample food supplies. Home baking was evident with freshly baked scones and cakes.

There was appropriate assistive equipment available to meet the needs of residents such as electric beds, pressure-relieving mattresses, wheelchairs and walking frames. There was also a sufficient number of hoists which were seen to be used correctly by staff. Inspectors observed residents moving independently around the corridors using their individual mobility aids. Hoists and other equipment were all maintained and service records seen by inspectors were found to be up-to-date.

There is a maintenance person employed who responds to all the day-to-day maintenance of the building, grounds and equipment. The waste management system was well managed and secure. Staff demonstrated awareness of the correct bags to use for domestic and clinical waste. Inspectors viewed an up-to-date contract which was in place for the removal of waste.

The large windows made the building bright and allowed residents to see out to the town and to the gardens. Plans were in place to totally renovate the garden area with further walkways and seating areas raised flower beds. The inspectors viewed

these plans which were very comprehensive and many volunteers and staff will be involved in the project.

There was a call-bell system in place beside residents' beds, inspectors heard and saw the call-bell activated and a staff member responded promptly to it.

There was a day room on the first floor but this was used mainly for activities and social functions. It was not set out like a living room/day room and residents did not use it as such.

A new parlour was available downstairs. It had recently been completely refurbished and now provided a homely room with appropriate decoration and furniture. The centre held a party for its opening which residents said they really enjoyed. The staff said residents have used it with their visitors at the weekends but hope that it will be used more by residents during the day as a sitting room.

Inspectors identified a number of other issues with the premises which are outlined below:

- inadequate sluicing facilities with one sluice area inside a residents shower room
- many of the bedrooms did not have wash-hand basins provided
- lack of dining space was covered under outcome 9
- lack of storage space was addressed in outcome 12.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents

Regulation 22: Maintenance of Records

Regulation 23: Directory of Residents

Regulation 24: Staffing Records

Regulation 25: Medical Records

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

Inspection findings

** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance

Improvements required*

The resident's guide requires a full review to meet the requirements of the legislation.

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

General records (Schedule 4)

Substantial compliance

Improvements required*

Operating policies and procedures (Schedule 5)

Substantial compliance

Improvements required*

Although the person in charge had recently updated a large range of policies, a policies on the provision of information to residents was not available in the centre as required by legislation.

Directory of residents

Substantial compliance

Improvements required*

Staffing records

Substantial compliance

Improvements required*

Staffing records required evidence of medical and mental fitness and three written references for all staff.

Medical records

Substantial compliance

Improvements required*

Insurance cover

Substantial compliance

Improvements required*

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

The person in charge has notified the Social Service Inspectorate of incidents as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Notifications were looked into prior to and throughout the inspection and the inspectors were satisfied with the outcomes and measures that were put in place.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

The Chief Inspector was notified of a recent change to the person in charge; there was a seamless changeover with the new person in charge commencing work as the previous person in charge finished at the centre. There is also a deputy person in charge who would be available to take charge of the centre in the absence of the person in charge.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

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

14 June 2011

Provider's response to inspection report*

Centre:	Cobh Community Hospital
Centre ID:	0558
Date of inspection:	8 June 2011 and 9 June 2011
Date of response:	7 July 2011

Requirements

These requirements set out the actions that must be taken to meet 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*.

Outcome 1: Statement of purpose and quality management

1. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

The statement of purpose and function did not contain all the information required as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

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).

Action required:

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

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

Reference: Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The statement of purpose has been updated to include all required information.	Completed

Outcome 2: Reviewing and improving the quality and safety of care

2. The provider is failing to comply with a regulatory requirement in the following respect: There was not an established system in place for reviewing the quality and safety of care.	
Action required: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.	
Reference: Health Act 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A system for reviewing quality and safety of care will be established on a regular basis. The health and safety committee is currently working on an analysis of documentation related to accidents/incidents which will involve actions and outcomes.	30 July 2011

Outcome 3: Complaints procedures

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

The system of complaints management does not meet the criteria as set out in Schedule 5 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) in that there was no identified independent appeals process.

Action required:

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

Reference:

Health Act 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

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

Timescale:

Providers response:

The complaints procedure will contain information related to an independent appeals process which will involve the board acting as the independent appeals person.

6 July 2011

Outcome 5: Health and safety and risk management

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

There no hazard identified with risks to the environment and actions set out to manage these.

Action required:

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.

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>Identification, assessment and precautions for control of risks will be put in place in line with regulation and risk management policy.</p>	11 July 2011

5. The provider has failed to comply with a regulatory requirement in the following respect:	
Fire drills were not held on a regular basis.	
Action required:	
Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.	
Reference:	
<p>Health Act 2007 Regulation 32: Fire Precautions and Records 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>Fire drills will be conducted twice yearly. The last fire drill took place in April 2011.</p>	14 October 2011

6. The provider has failed to comply with a regulatory requirement in the following respect:	
There is no emergency plan in place to cover all emergency situations and therefore staff were unable to demonstrate their knowledge of what to do in an emergency situation in accordance with a specified plan.	
Action required:	
Develop an emergency plan which contains the requirements of the regulations.	
Reference:	
<p>Health Act 2007 Regulation 31: Risk Management Procedures 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>Development of emergency plan that covers all situations and meets requirements of regulations has been completed.</p>	Completed

Outcome 7: Health and social care needs

7. The provider has failed or is failing to comply with a regulatory requirement in the following respect:	
<p>Training on restraint was required to ensure staff provided care in accordance with contemporary evidenced-based practice.</p>	
Action required:	
<p>Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.</p>	
Reference:	
<p>Health Act 2007 Regulation 25: Medical Records Regulation 17: Training and Staff Development Standard 24: Training and Supervision Standard 21: Responding to Behaviour that is Challenging</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Two nurses booked for a 'train the trainer' programme on 'policy on the use of physical restraints in designated residential care units for older people'. The two staff members will roll out training to all staff on a regular basis. Use of all types of bedrails will be assessed prior to implementation and use which will be reviewed and audited quarterly.</p>	31 December 2011

Outcome 9: Food and nutrition

8. The provider is failing to comply with a regulatory requirement in the following respect:	
<p>There was no dining room for residents to enjoy their meal and residents were having their meals at their bedsides.</p>	

Action required:	
Provide adequate dining space separate to the residents' private accommodation.	
Action required:	
Submit to the Chief Inspector a plan of how dining space will be provided to residents in the future.	
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:	
Dinner is now being served in the day room for residents and will be until such time as a permanent dining room is established during refurbishment. Supper club is ongoing for residents.	Completed and ongoing

Outcome 10: Contract for the provision of services

9. The provider is failing to comply with a regulatory requirement in the following respect:
The contracts of care were not always agreed within one month of admission and did not include the fees to be charged.
Action required:
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.
Reference:
Health Act 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Fees to be charged and service to be provided are now included in the contract of care. The majority of residents have been here for many years and contracts of care only recently introduced so provision and agreement within one month of admission will apply to all new admissions since the introduction of contracts of care.</p>	Completed

Outcome 12: Residents' clothing and personal property and possessions

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

Adequate storage was not provided as outlined below:

- 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 rooms occupied or used by residents were not suitable for their needs and the provision of adequate personal storage.

Action required:

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*.

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> <p>An action plan to reduce the size of the six-bedded wards to optimise privacy needs of residents is currently being negotiated. This will include provision of suitable storage facilities for the use of residents.</p> <p>Larger lockable storage space will be provided to ensure adequate, safe storage facilities for residents.</p>	December 2013

Provision of appropriate storage space will be acted on immediately but the whole refurbishment process will be gradual to ensure minimal disruption to residents.	
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Outcome 13: Suitable person in charge

11. The person in charge is failing to comply with a regulatory requirement in the following respect:

The person in charge and the CNM2 did not feature on the staff rota and who was in charge of the centre at all times including weekends evenings and nights was not clear on the rosters given to inspector.

Action required:

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.

Reference:

Health Act 2007
 Regulation 15: Person in Charge
 Regulation 16: Staffing
 Standard 24: Training and Supervision

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

Timescale:

Provider's response:

All staff are now included on rosters and there is a clear indication of who is in charge at all times including evenings, weekends and nights.

Completed

Outcome 14: Suitable staffing

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

There were only two staff members on duty from 23:00hrs to 08:00hrs to meet the needs of 38 residents.

Action required:

Ensure staffing levels and skill-mix meets the needs of the residents and the size and layout of the designated centre.

Reference: Health Act 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Time scale
Provider's response: One additional staff member has been rostered to work from 23:00hrs to 07:00hrs.	28 June 2011

13. The provider has failed or is failing to comply with a regulatory requirement in the following respect: Not all staff personnel files had evidence of medicals and three written references and therefore do not meet all the criteria set out in Schedule 2 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Action required: Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform and have three written references.	
Reference: Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with time scales	Time scale
Providers response: Staff will be required to supply a medical certificate stating they are medically and mentally fit for the purpose of work. All staff will supply three written references.	30 October 2011

Outcome 15: Safe and suitable premises

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

The physical design and layout of the building was not suitable for purpose and did not allow for adequate private and communal accommodation:

- there was a lack of provision of adequate sitting, recreational, and visiting space provided separately from the resident's private accommodation
- inadequate sluicing facilities with a sluice area in a residents shower room
- many of the bedrooms did not have wash-hand basins provided
- although the centre had plenty of garden area with pathways and seating, the gardens were not secure and opened onto the main car park which has access to the main road
- residents who suffer from confusion could be at danger of wandering out onto the car park and roadway if they were using the garden area.

Action required:

Provide adequate sitting, recreational and visiting facilities for residents separate from resident's 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*.

Action required:

Provide necessary sluicing facilities separate from shower room facilities.

Action required:

Provide adequate wash-hand basin facilities for residents' bedrooms.

Action Required:

Take all reasonable measures to prevent accidents to any person in the centre and in the grounds of the centre and provide external grounds which are suitable and safe for use by residents.

Reference:

Health Act 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 19: Premises
Regulation 31: Risk Management Procedures
Standard 4: Privacy and Dignity
Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We plan to secure the use of one level of the adjoining Park Road Day Centre which is accessed by both lift and stairs from the main hospital building. Negotiations are currently ongoing and the plan is positive at this stage. The day centre was built onto the existing hospital building over 10 years ago and the residential floor to which I am referring has never been used.</p> <p>The floor is made up of 12 single bedrooms with en suite bathrooms in all except three of the bedrooms which have sink facilities only. There is a large bathroom opposite the rooms that are without en suite facilities. The area has a kitchen/dining room/day room/activities room/sluice/garden patio area/nurses' station. The facilities were viewed by Authority inspectors on 8 June 2011 and they agreed that the area is a major improvement on the large six-bedded wards currently in use and would be ideal for the intended purpose.</p> <p>Once the go-ahead for occupation of the floor is agreed we would need to consult with the Authority regarding the confirmed intention.</p> <p>The plan is to move residents from the main building to the extension so that work can commence immediately on the six bedded wards to reduce them to two twin rooms. The triple rooms are to become twin rooms.</p> <p>During the course of the upgrade sluicing facilities and wash-hand basins will be upgraded to meet regulations.</p> <p>A room, 'the parlour', has recently been opened and is used by residents and families for visiting purposes and is separate from resident's private accommodation. The oratory is also used as a private seated area for residents and is separate from their accommodation. The day room will be used as a dining room in the future and is also being used as recreational space for residents.</p> <p>Work on the sensory garden has commenced and will be a secure area situated to the rear of the hospital building. This will include raised garden beds, pergola, tables and seats and 'figure of eight' pathway to facilitate a continual walkway which commences from</p>	<p>December 2013</p>

<p>an accessible side door.</p> <p>The front door is accessed by a switch and residents are accompanied by staff or family if they wish to use the frontal aspect seating. The secure back garden is expected to be officially opened in August 2011 and will be a safe option for all residents.</p> <p>The timeframe will cover a three year plan to completion and expediency will be dependent on availability of funds for capital expenditure.</p>	
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Outcome 16: Records and documentation to be kept at a designated centre

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

The resident's guide did not include the required information and therefore did not meet regulatory requirements.

There was no policy on the provision of information to residents.

Action required:

Produce a resident's guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

Action required:

Put in place written operational policies and procedures for the provision of information to residents.

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:

Policy for the provision of information to residents has been developed. We will produce a resident's guide which will include a statement of purpose, standard form of contract, most recent inspection report, summary of complaints procedure and the address and telephone number of the Chief Inspector.

30 September 2011

Any comments the provider may wish to make:

Provider's response:

None received

Provider's name: Dr Peter Morehan

Date: 7 July 2011