

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act 2007



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	St Oliver Plunkett
Centre ID:	0539
Centre address:	Dublin Road
	Dundalk
	Co Louth
Telephone number:	04293 34488
Fax number:	04293 34962
Email address:	Kay.okeeffe@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Service Executive (HSE)
Person in charge:	Kay O'Keefe
Date of inspection:	19 August 2011
Time inspection took place:	Start: 10:15 Completion: 15:45
Lead inspector:	Siobhan Kennedy
Type of inspection:	<input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

About 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 on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- Following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate 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 well-being of residents
- To randomly "spot check" the service.

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

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

About the centre

Description of services and premises

St. Oliver Plunkett Hospital is operated by the HSE. It is a single-storey building that opened in 1987. Accommodation is available for 92 residents in four separate units. It provides respite, convalescent, rehabilitation and palliative care (long and short term) to older persons in the Louth region assessed as requiring general nursing and/or dementia care.

With the exception of the laundry service (which is located in a building outside the centre) all other general services, for example, office accommodation, dining room and kitchen are found in close proximity of the main entrance to the centre and the reception area. From this area residents' bedrooms and communal facilities are located via corridors in three units referred to as "wards". Two wards, St. Cecelias and St. Patricks accommodate female residents. St Joseph's ward is for male residents. Each ward has 25 beds. In the main, bedroom accommodation in the wards consists of six four-bedded rooms and either one or two single bedrooms. The centre of each ward has five single toilets, a bath and shower room, serving kitchen, cleaning store, sluice room and linen store. Communal areas are combined sitting and dining space two of which are open plan. A nurse's station is found at the entrance to each ward. An adjoining corridor to the wards contains staff (male and female) changing rooms and treatment room. There are visitors' facilities including toilets and an oratory. A designated smoking room is available in St Joseph's ward.

A separate self-contained unit known as St Gerard's ward has been established specifically for residents with Alzheimer's and dementia (in total 17 beds for male and female residents). Bedroom and communal accommodation is primarily located in three corridors. A fourth corridor is used mainly for storage with the exception of one bedroom used by a resident who accesses the dementia unit via a key pad code on the door. Bedroom accommodation is made up of six single rooms, one two bedded room and three rooms with three beds. Many of the three-bedded rooms share toilets and wash hand basins. There is a large modern dining room, two communal day/sitting rooms, a hairdressing room, a sluice and cleaning rooms.

Enclosed gardens and court yards are available for use by residents, relatives and visitors. Car parking is available to the front, side and rear of the centre.

Residents have access to a medical officer, physiotherapy, occupational and speech and language therapy, podiatry services, complimentary therapies, a hairdresser and chaplains.

St Ann's day hospital is available for use by residents from the centre. It has its own separate entrance located adjacent to the main dining room and the recreational room.

Location

St. Oliver Plunkett hospital is situated in the grounds of the Louth County Hospital on the Dublin Road which is within 10 minutes walking distance of Dundalk town centre.

Date centre was first established:	1987
Number of residents on the date of inspection	87
Number of vacancies on the date of inspection	5

Dependency level of current residents	Max	High	Medium	Low
Number of residents	46	20	20	1

Management structure

Kay O’Keeffe, the person in charge, reports directly to an area coordinator for the HSE Dublin North East and subsequently to a local health manager, Brighide Lynch who is the nominated person on behalf of the provider.

The person in charge is supported in her role by a management team of two assistant directors of nursing and a team of clinical nurse managers each of whom supervise a number of staff nurses and care assistants. Catering, cleaning and administration staff report to the person in charge.

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	11	14	3	6	3	4*

* An assistant director of nursing, activity coordinator, physiotherapist and general operative.

Summary of findings from the follow up inspection

The purpose of this unannounced inspection was to assess the progress in relation to the seven actions (30 sub actions) and a recommendation identified to be addressed by the provider and person in charge in the previous registration inspection report of 15 February 2011. Primarily the key areas related to non-compliance with environmental standards, the lack of provision of personal and communal space and inadequate fire safety precautions.

The inspector found the provider, person in charge, and the staff team had satisfactorily addressed 17 issues. The other matters were partially addressed and are subject to ongoing work.

The views obtained from residents were satisfactory and highly complimentary of quality of care they received and the help and support provided by management and the staff team. The atmosphere in the centre was relaxed as staff and residents interacted and participated in the routine activities of the day.

The Action Plan at the end of this report identifies the areas where improvements are still 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. Action required from previous inspection:

- 1.1 Make sure that radiators have a surface temperature no higher than 43°C.
- 1.2 Make sure that hot water is provided to a maximum temperature of 43° C.
- 1.3 Ensure that the residents' alarm call system is available to residents throughout the centre and in particular in bedroom (number 33), a combined bathroom and toilet (rooms 110 and 111) in one of the shower rooms and in the wards at all bedsides.
- 1.4 Make sure that the risk assessment for use of bed rails includes the low lying position of the bed rails on the floor when they are not in use which may present a trip hazard particularly in bedroom number 16.
- 1.5 Ensure that the doors of all of the facilities located in the central area of the wards opening out onto the corridor do not pose risks for residents using the corridors.
- 1.6 Make sure that the corridors and residents' hand rails are not obstructed by trolleys or other items of storage for example blood pressure monitors.
- 1.7 Take adequate precautions regarding the storing of creams and hazardous lotions so that they are not in unlocked stores and rooms.
- 1.8 Replace the dishwasher.
- 1.9 Store hazardous products and records safely.

1.1 This has been actioned.

The maintenance manager informed the inspector that the radiators are programmed to maintain a surface temperature of 43°C and an audit tool will be implemented to check that the radiators are maintained at this temperature. Due to the warm weather conditions, the central heating has not been in use and therefore it was not possible to test the temperature of the radiators.

1.2 This has been actioned.

The maintenance manager informed the inspector that the hot water is provided to a maximum temperature of 43° C. Those outlets tested by the inspector were satisfactory.

1.3 This has been actioned.

A new resident alarm call system has been put in place and the inspector was informed that the maintenance department will remove the previous call bell system, which has been decommissioned.

1.4 This has been actioned.

The risk assessment for the use of bed rails was revised to address the potential risk posed by the position of the bedrails on the floor when not in use. The bedrail identified (bed room number 16) by the inspectors during the previous inspection as a trip hazard was removed. The inspector was informed that all new beds purchased in the future will have integrated bed rails.

1.5 This has been actioned.

The doors of all of the facilities located in the central area of the wards opening out unto the corridor where residents may have been walking were risk assessed. No incidents had been reported and hazard signs have been placed on all the doors to alert residents and staff to the potential risk.

1.6 This has been actioned.

Since the last inspection, a review took place regarding the storage of equipment and on the day of the inspection the corridors and residents' hand rails were not obstructed by trolleys or other items of storage.

1.7 This has been actioned.

A review of the storage of creams and lotions had taken place and these were stored appropriately. A locked cupboard has been provided for the storage of gloves and lotions in the toilet areas in the St. Gerard's (dementia unit).

1.8 This has been partially actioned.

The dishwasher has been repaired and the inspector was informed that costings are being obtained for the purchase of a new dishwasher which will be addressed as a priority in the 2011 minor capital requirements.

1.9 This has been actioned.

Cleaning staff have been updated on the safe storage of chemicals and at the time of the inspection these were stored appropriately. The inspector observed that records were stored safely.

2. Action required from previous inspection:

2.1 Provide to the Chief Inspector written confirmation from a competent person that the centre complies with all the statutory requirements of the fire authority.

2.2 Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

2.3 Make adequate arrangements for the evacuation of all people in the centre by having clear numbering on residents' bedroom doors. Ensure that all staff are familiar with the numbering system.

2.4 Provide suitable training for staff in fire safety and prevention including contracted cleaning staff.

2.5 Make adequate arrangements for the evacuation of all people in the centre by removing directional signs, which have been decommissioned.

2.1 This has not been actioned.

A fire risk assessment has been carried out on the premises by a competent person but as yet the provider and person in charge has not received a report of the findings. The inspector was informed that this will be forwarded to the Authority (and if necessary with a plan of action and timescales for completion of any work recommended).

2.2 This has been actioned.

The fire officer updated the fire plans and the inspector saw that the procedure to be followed in the event of a fire was displayed in prominent places throughout the centre.

2.3 This has been actioned.

The inspector observed that the numbers on residents' bedroom and communal doors in the dementia unit had been updated to correspond with the numbers on the fire plan.

2.4 This has been actioned.

All contract cleaning staff completed fire safety and prevention training in March 2011.

2.5 This has been actioned.

Decommissioned directional signs in relation to evacuation in the event of a fire have been removed.

3. Action required from previous inspection:

3.1 Ensure that residents' bedroom accommodation meets the minimum of 9.3 square meters usable floor space for example five of the single bedrooms in the dementia unit were approximate 8 square meters and a single room in St Cecelia's ward measured 8.7 square meters.

3.2 Ensure the size and layout of rooms occupied or used by residents are suitable for their needs by removing the overhead screens in bedrooms so that residents can utilise the additional space.

3.3 Ensure that the centre's communal space is used effectively in order to be compliant with the standards regarding having separate sitting and dining space for residents.

3.4 Ensure the premises are kept in a good state of repair:

- refurbish an assisted shower room (number 38)
- repair the damage to one of the walls at floor level in a sluice room on the ward and install a wash hand basin
- ensure that there is cold water in the cleaning room (number 75)
- replace missing wall and floor tiles
- replace floor covering in certain areas throughout the centre for example in the residents' sitting room, (dementia unit) staff room, corridor, nurse's station and the entrance to St Josephs ward
- replace the kicker board of the cupboards in the kitchen in St Patrick's ward
- replace cupboard doors which were loose in a serving kitchen (number 86)
- repair a sensory light which did not come on when entering a bathroom
- make sure that the locking system on some toilet and bedrooms doors operate
- ensure that all doors are a good fit and close fully, for example the doors to some shared toilets and ward rope doors
- put handles on all wardrobe doors and
- repair the fan in the hairdressing room.

3.5 Provide adequate ventilation (mechanical and /or natural to the external air) in storage and cleaning rooms which contain hazardous substances and in the sluice and hairdressing rooms in the dementia unit.

3.6 Keep all parts of the designated centre clean and suitably decorated:

- make sure that the laundry facilities are clean and hygienic;
- take remedial action to address the chipped paint and areas of rust on some radiators, floor tiles in bathrooms, on the legs of the stainless steel sink and shelving in the sluice room in the dementia unit and on the floors where grab rails are mounted close to toilets;
- store linen skips appropriately and not in the bath and shower rooms;
- repair / replace bedside tables where the enamel has worn off the base and legs;
- repair / replace the surround of the new sinks, which have been installed;
- redecorate the walls and skirting boards of some areas through out the centre for example bedrooms where fittings and fixtures had been removed, wing A in St

Josephs ward, areas where new lighting had been installed and walls which have been stained from the use of hand sanitizers.

3.7 Provide sufficient numbers of wash hand basins fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises for example in each bedroom (a four bedded room), the hairdressing and sluice rooms on the wards.

3.8 Provide and maintain external grounds, which are suitable and safe for use by residents making sure the sensory light located at the entrance of the centre is working at night time and that the path around the centre which is uneven and has potholes is repaired.

3.9 Provide appropriate signage on toilets and bedroom doors.

3.10 Have all bedrooms prepared for occupancy for example a single bedroom in St Cecilia's ward and not used for storage.

3.1 This has been partially actioned.

A consultation process has been initiated with the technical services, risk and estates management departments to devise a strategy to ensure that the five single bedrooms in the dementia unit (currently approximate 8 square meters) meets the minimum of 9.3 square meters usable floor space.

The inspector was informed that a feasibility study will be carried out and the findings and proposals will be forwarded to the Authority.

The single room in St Cecelia's ward which measured 8.7 square meters was reconfigured and is now office accommodation.

3.2 This has been partially actioned.

Work has commenced in relation to the redesigning of overhead curtain rails in the multi-occupied bedrooms so that residents can utilize the additional space.

3.3 This has been partially actioned

Currently Ladywell Psychiatric Day Care Services uses the main dining area in the centre between 13.15 hours and 13.45 hours. A consultation process has been initiated with the management of the service to relocate their dining services. This will allow a second sitting at 13.15 hours to facilitate all the residents who wish to have their meal in the dining room.

3.4 This has been progressed but not yet actioned.

The inspector was informed that the Regional Estates Department is in the process of assessing and reviewing the centre with regard to the deficits highlighted in the previous inspection report. On completion of the assessment / feasibility study, a plan

will be devised which will entail obtaining costings, prioritising work and determining timescales for completion. This then will be forwarded to the Authority.

3.5 This has been partially actioned.

Since last inspection, the cleaning room in the dementia unit has been relocated and this is ventilated to the natural air. The inspector was informed that the other rooms identified will be addressed as per 3.4 of this report.

3.6 This has been partially actioned.

Some of these matters have been addressed such as the redecoration of the laundry room but others remain outstanding. The inspector was informed that these will be addressed as per 3.4 of this report. It was noted that some floor tiles in the laundry were missing.

3.7 This has been partially actioned.

The inspector was informed that funding has been approved from the 2011 minor capital budget for the installation of wash hand basins at appropriate places throughout the premises. The inspector was informed that it is anticipated that this work will be carried out by the end of November 2011.

3.8 This has been partially actioned.

The inspector was informed that the resurfacing of grounds, upgrading of footpaths and road marking has been prioritised in the 2011 minor capital requirements. It is anticipated that this work will be carried out by the end of November 2011. The sensor light at the entrance to the centre has been replaced and the inspector was informed that it is working.

3.9 This has been actioned.

Signage on toilet and bedroom doors has been updated.

3.10 This has been actioned.

The single room in St Cecilia's ward has been converted into a Nurses' office and the Statement of Purpose has been updated to reflect this.

4. Action required from previous inspection:

Compile a statement of purpose, which includes all the 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). This should include clarification of the resident group, identification of all aspects of the premises which constitutes the designated centre for example rooms currently used for storage (room numbers 25, 27, 28, 29, 30, 34, 35, 36, and 37) and the number and size of rooms.

4.0 This has been actioned.

The statement of purpose has been updated to comply with the matters listed in schedule 1 of the Regulations.

5. Action required from previous inspection:

5.1 Make sure that residents from the wards have the choice to use the main dining room in the centre at a time suitable to them.

5.2 Make sure that practices involving staff and members of the public using the centre are not intrusive regarding residents' communal space.

5.3 Provide residents with privacy to the extent that each resident is able to undertake personal activities in private. Make sure that the curtains on the entrance to multi occupied bed rooms and on screens between the beds close fully and/or are hung properly. Curtain / blind the windows facing unto external public areas.

5.1 This has been partially actioned.

The inspector was informed that a consultation process has been initiated with the Psychiatric Day Care Services to relocate their dining services. This will allow a second sitting at 13.15 hours to facilitate all residents who wish to have their meal in the main dining room. Consultation will also take place with residents from the wards and their relatives to ensure choice of dining area is facilitated.

5.2 This has been partially actioned.

In consultation with the Maintenance Department, residents and relatives it was agreed that both corridors to the designated dining area should be cordoned off during mealtimes to protect resident's privacy. This had been put in place on the morning of inspection. In order to protect residents' dignity and privacy the inspector observed that the seating arrangement in the main sitting areas in the wards has been re-arranged. Now staff and members of the public walk behind residents' seating when moving from one corridor to another.

Operational plans have been approved so that staff and members of the public do not routinely use the main entrance to St Gerard's which leads directly into the residents' sitting room. However these have not yet been implemented.

5.3 This has been partially actioned

Work has commenced on redesigning the overhead curtain rails. The curtains will then be altered to fit the new rails and ensure that the resident's privacy is protected. Net curtains have been hung on the windows facing unto external public areas at the front of the centre and are being obtained for those windows facing out unto the garden areas.

6. Action required from previous inspection:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse by ensuring that contract cleaners who work at the centre have participated in on-site training in the protection of residents from abuse.

6.0 This has been actioned.

Training in the protection of residents being harmed was provided for all contract cleaning staff on the 1 and 7 March 2011. The inspector was informed that the Senior Case Worker in Elder Abuse and the Assistant Director of Nursing provides refresher training on this topic for all staff on an ongoing basis.

7. Action required from previous inspection:

Ensure that information provided to residents is accurate and not contradictory for example with regard to falls risk assessments and speech and language therapy guidance.

7.0 This has been actioned.

The inspector was informed that staff have been advised of the importance of providing up-to-date and accurate information to residents and relatives. The inspector heard a staff member providing detailed and accurate information to a resident.

Recommendations

Standard	Best practice recommendations
Standard 25: Physical Environment	This has been actioned. Residents' names have been displayed to distinguish individual resident's wardrobes.
	This has been actioned. Stacking tables have been provided for residents when they are having refreshments.

Report compiled by

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

29 August 2011

Chronology of previous HIQA inspection	
Date of previous inspection	Type of inspection:
19 - 20 October 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
13 July 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
15 - 17 February 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report

Centre:	St. Oliver Plunkett Hospital
Centre ID as provided by the Authority:	0539
Date of inspection:	19 August 2011
Date of response:	12 September 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 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:

Adequate precautions had not been taken against the risk of fire.

Action required:

Provide to the Chief Inspector written confirmation from a competent person that the centre complies with all the statutory requirements of the fire authority.

Reference:

Health Act, 2007
Regulation 32: Fire precautions and records
Standard 26: Health and Safety

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

Timescale:

<p>Provider's response:</p> <p>A fire risk assessment on the premises was undertaken in July 2011. The fire officer received the final report on 28 October 2011. The following are the timeframes for completion of priority 'A' issues:</p> <ul style="list-style-type: none"> ▪ Work will commence on the 3 January 2012 with a completion date of the 10 February 2012. ▪ The approximate date of assessment by a competent person confirming that the centre complies with all the statutory requirements of the fire authority will be the 17 February 2012. 	<p>February 2012</p>
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<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The design and layout of the centre was not suitable for its stated purpose and did not meet residents; individual and collective needs in a comfortable and homely way.</p>
<p>Action required:</p> <p>2.1 Ensure the size and layout of rooms occupied or used by residents are suitable for their needs by removing the overhead screens in bedrooms so that residents can utilise the additional space.</p>
<p>Action required:</p> <p>2.2 Ensure that the centre's communal space is used effectively in order to be compliant with the regulations regarding having separate sitting and dining space for residents.</p>
<p>Action required:</p> <p>2.3 Ensure the premises are kept in a good state of repair:</p> <ul style="list-style-type: none"> ▪ refurbish an assisted shower room (number 38); ▪ repair the damage to one of the walls at floor level in a sluice room on the ward and install a wash hand basin; ▪ ensure that there is cold water in the cleaning room (number 75); ▪ replace missing wall and floor tiles; ▪ replace floor covering in certain areas throughout the centre for example in the residents' sitting room, (dementia unit) staff room, corridor, nurse's station and the entrance to St Josephs ward; ▪ replace the kicker board of the cupboards in the kitchen in St Patrick's ward;

- replace cupboard doors which were loose in a serving kitchen (number 86);
- repair a sensory light which did not come on when entering a bathroom;
- make sure that the locking system on some toilet and bedrooms doors operate;
- ensure that all doors are a good fit and close fully, for example the doors to some shared toilets and wardrobe doors;
- put handles on all wardrobe doors;
- repair the fan in the hairdressing room.

Action required:

2.4 Provide adequate ventilation (mechanical and / or natural to the external air) in storage and cleaning rooms which contain hazardous substances and in the sluice and hairdressing rooms in the dementia unit.

Action required:

2.5 Keep all parts of the designated centre clean and suitably decorated:

- replace some missing floor tiles in the laundry facility;
- take remedial action to address the chipped paint and areas of rust on some radiators, floor tiles in bathrooms, on the legs of the stainless steel sink and shelving unit in the sluice room in the dementia unit and on the floors where grab rails are mounted close to toilets;
- store linen skips appropriately and not in the bath and shower rooms;
- repair / replace bedside tables where the enamel has worn off the base and legs;
- repair / replace the surround of the new sinks, which have been installed;
- redecorate the walls and skirting boards of some areas through out the centre for example bedrooms where fittings and fixtures had been removed, wing A in St Josephs ward, areas where new lighting had been installed and walls which have been stained from the use of hand sanitizers.

Action required:

2.6 Provide sufficient numbers of wash hand basins fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises for example in each bedroom (a four bedded room), the hairdressing and sluice rooms on the wards.

Action required:

2.7 Provide and maintain external grounds, which are suitable and safe for use by residents making sure that the path around the centre which is uneven and has potholes is repaired.

Reference: Health Act, 2007 Regulation 19: Premises 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:	
2.1 Work has already commenced in relation to redesigning of overhead curtain rails in the multi-occupancy rooms so that Residents can utilise the additional space.	End October 2011
2.2 A consultation process has taken place with Ladywell Psychiatric Day Care Services and they have given a commitment to relocate their dining services with effect from 3 October 2011. This will allow a second sitting at 1.45pm to facilitate all residents who wish to have their meal in the dining room.	3 October 2011
2.3 A consultation process has taken place with the maintenance dept. to address items identified in this section. Quotations have been obtained and a phased maintenance plan has been established. Funding has been approved for Phase 1 of this plan which addresses all the items identified in this section.	End November 2011
2.4 Quotes have been obtained and funding has been approved for this work.	End October 2011
2.5 Some of these issues have been addressed or partially addressed and are subject to ongoing work. Re-configuration of how equipment is stored has been reviewed to ensure that linen skips are no longer stored in the bath/shower room. Painting of bed tables have commenced and is ongoing. Repair of sink surrounds and painting touch ups are included in Phase 2 of the maintenance plan which will be completed by February 2012.	February 2012
2.6 Funding has been approved from the 2011 minor capital budget for installation of wash hand basins at appropriate places throughout the premises.	December 2011

2.7 Funding has been approved for repair of potholes. Upgrading of footpaths and road markings is included in Phase 3 of the maintenance plan and will be completed by February 2012.	February 2012
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<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Residents' rights, to privacy, dignity and choice were not protected in all circumstances.</p>	
<p>Action required:</p> <p>3.1 Make sure that residents from the wards have the choice to use the main dining room in the centre at a time suitable to them.</p>	
<p>Action required:</p> <p>3.2 Make sure that practices involving staff and members of the public using the centre are not intrusive regarding residents' communal space.</p>	
<p>Action required:</p> <p>3.3 Provide residents with privacy to the extent that each resident is able to undertake personal activities in private. Make sure that the curtains on the entrance to multi occupied bed rooms and on screens between the beds close fully and/or are hung properly. Curtain / blind the windows facing unto external public areas.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence Standard 18: Routines and Expectations</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

Provider's response:	
3.1 A consultation process has taken place with Ladywell Psychiatric Day Care Services and they have given a commitment to relocate their dining services with effect from 3 October 2011. This will allow a second sitting at 1.45pm to facilitate all residents who wish to have their meal in the dining room.	3 October 2011
3.2 Both corridors to the dining area have been cordoned off during mealtimes to protect Residents privacy. Plans to relocate the entrance door to the staff changing room in St. Gerard's sitting room have gone to tender. The seating area in the lounge areas at ward level has been rearranged to protect Residents privacy.	December 2011
3.3 Work has commenced in relation to redesigning the overhead curtain rails in the multi-occupancy rooms. Net curtains have been provided for windows facing on to external public areas.	End October 2011

4. The provider has failed to comply with a regulatory requirement in the following respect:	
The corporate risk management policy and procedure had not been implemented /actioned throughout the centre.	
Action required:	
Replace the dishwasher.	
Action required:	
Remove the previous residents' alarm call system which has been decommissioned.	
Reference:	
Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

Provider's response:

The dishwasher has been repaired and is currently fit for purpose.
Updated quote will be obtained for the provision of a new dishwasher.
This will be dependent on budgetary approved by the general manager.
Funding has been approved for removal of the decommissioned call bell system.

December
2011

Any comments the provider may wish to make:

Provider's response:

The fit person, staff and residents of St. Oliver's would like to take this opportunity to thank the inspector who conducted the inspection in such a professional and courteous manner.

Provider's name: Brighide M. Lynch

Date: 12 September 2011