

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	St. Colman's Hospital
Centre ID:	0492
Centre address:	Rathdrum
	Co. Wicklow
Telephone number:	0404 46109
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Email address:	claire.waldron@hse.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered providers:	Health Services Executive (HSE)
Person in charge:	Claire Waldron
Date of inspection:	9 November 2011
Time inspection took place:	Start: 09:00 hrs Completion: 16:15 hrs
Lead inspector:	Linda Moore
Support inspector:	Mary O'Donnell
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

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

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

Additional inspections take place under the following circumstances:

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

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

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

About the centre

Description of services and premises

St. Colman's Hospital is a single-storey facility providing long-term care to people over the age of 65 including people with dementia. There are 17 places for respite care, one place for rehabilitation and day-care services also available to older people from the local community. There are also two places for Level 2 Palliative Care.

The entrance is to the rear of the building. A large oratory, the offices for the person in charge, assistant director of nursing (ADON) and administration staff are located at the entrance. The corridor to the right of the entrance lobby has storage areas for hospital records, a pharmacy and a decommissioned x-ray department, which will be used for storage in the future. This corridor leads to the main dining room and units A and B. Access to the units is through a large, bright communal sitting room and conservatory area used by the residents from units A and B. The corridor to the left of the entrance leads to units C and D the physiotherapy department and the activity hall.

There were some changes to the capacity of this centre since the last inspection. The centre has four units with 110 places. Unit D was closed due to staff shortages and the recruitment embargo.

Unit A

This unit provides accommodation for 32 female residents, 31 long-term care and one palliative care place. There were 28 long term care residents, three respite residents and one palliative care place vacant at the time of inspection. The accommodation consists of two single rooms with a shared en suite toilet, one of which is used for palliative care when required. There are six multi-occupancy rooms each with the capacity for five residents; five of these have en suite shower facilities. Three other bedrooms have access to two en suite toilets with wash-hand basins. There is one store room along the corridor used to store equipment. Each bedroom has a wash-hand basin and there is one other toilet along the corridor area. There is a small, quiet sitting room at the end of the corridor and a second room used by residents. An enclosed patio garden can be accessed directly from Unit A.

Unit B

This unit provides accommodation for 32 male residents, 31 long-term care and one palliative care place. There were 25 long term care residents, three respite, one long term care place reserved, two vacant long-term care places and one vacant palliative care place at the time of inspection. There are two single rooms with a shared en suite toilet and wash-hand basin one of which is used for palliative care when required. There are six five bedded rooms, five of which have en suite bathrooms, three with showers, toilet and wash-hand basis and two have a toilet and wash-hand basin. En suite facilities are shared between two bedrooms. There is a small, quiet sitting room at the end of the corridor. There is also a small residents' smoking room at the end of the corridor.

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

Unit C

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

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

Unit D

This unit offers day care for 28 older people as well as capacity for 17 respite care residents and one rehabilitation place. This residential unit was temporarily closed on the day of the inspection but the day service was in operation. There are three bedrooms with accommodation for five residents and one bedroom with accommodation for four. The staff on this unit are also responsible for 12 sheltered houses on site where residents can live independently but can call to the designated centre for meals, activities, showers/baths or assistance with their medication. There are six assisted toilets and one bathroom with an assisted bath and shower. Communal day space includes one large day room and a lobby which residents use. Other facilities include a kitchenette, a nurses’ office, a treatment room and a store room. The mortuary was situated on this section.

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

Location

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

Date centre was first established:	26 September 1975
Number of residents on the date of inspection:	88*
Number of vacancies on the date of inspection:	4 + 18 in Unit D

* 81 long stay, 6 respite + 1 in hospital. There were also 25 day hospital clients on the day of inspection.

Dependency level of current residents *	Max	High	Medium	Low
Number of residents	48	13	15	12

Management structure

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

There were two Assistant Directors of Nursing (ADONs), one of whom is in an acting position, who report to the Person in Charge. There are three Clinical Nurse Managers (CNM2) Level 2, two of whom are in an acting role. There are two Clinical Nurse Managers (CNM1) Level 1, the two are acting and all report to the ADONs. The nursing staff and multi-task assistants report to the CNMs.

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

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	18*	11**	4 chefs 9 catering assistants 1 catering officer	2 laundry 5 hygiene	2	6*** 2****

* Including day centre

** Including day centre

*** Two ADONs, one porter, one general operative, one physiotherapist, one physiotherapist assistant

**** There is one CNM1 and an additional floating nurse on night duty.

Staffing levels Per Unit

		AM	PM	Evening	Nights
Unit A 9.11.11	Acting CNM2	1	1	0	0
	Nurses	6	4	2	1
	Care Staff	3	2	1	1
	Kitchenette	1	1	0	0
	Household	1	1	0	0
Unit B 9.11.11	Acting CNM2	1	1	0	0
	Nurses	4	3	2	1
	Care Staff	4	5	1	2
	Kitchenette	1	1	0	0
	Household	1	1	0	0
Unit C 9.11.11	CNM2	1	1	0	0
	Nurses	4	3	2	1
	Care Staff	3	2	1	1
	Kitchenette	1	1	0	0
	Household	1	1	0	0

Background

This was an unannounced inspection and the third inspection of this centre by the Health Information and Quality Authority's (the Authority) Social Services Inspectorate (SSI). The centre had a registration inspection carried out in August 2010 and an unannounced follow up inspection was carried out on 18 May 2011. These inspection reports can be found at www.hiqa.ie.

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

There were significant improvements required in the number and skill-mix of staff on duty. Inspectors found there was not enough staff on duty to assist residents to get out of bed each day or to participate in social activities. The person in charge was required to submit an immediate response to this issue following the inspection.

At the unannounced follow up inspection carried out on 18 May 2011 the provider had addressed 10 of the 24 actions from the inspection of August 2010, nine were partially completed and five were not completed although some progress had been made. Actions that were followed up by HSE at a national level were delayed.

The issue of staffing had been partially addressed by reducing the number of places from 133 to 114 and there was a slight increase in the numbers of staff providing direct care to residents. However, there was still some concern that all residents were not offered an opportunity to get out of bed each day.

Improvements were required to comply with the requirement of 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*, such as:

- some residents were nursed in bed as staff said there was not enough staff on duty or suitable chairs
- while there was a range of activities for residents their preferred activities and opportunities for engagement were not yet clearly identified
- restraints were not managed in accordance with the policy
- the risk management policy was in draft format and had not been implemented throughout the centre
- some residents could only access a bathroom by going through a multi-occupancy bedroom
- menu choice for residents on modified diet
- the staff files did not include all the required information
- care plans were not consistently reflective of residents' needs.

Summary of findings from this inspection

This report outlines the findings of an unannounced, follow up inspection that took place on 9 November 2011. The inspection monitored compliance with the Regulations and followed up on the actions of the previous inspection of 18 May 2011. Inspectors met residents and relatives, the person in charge and a number of staff, Records were examined including care plans, medical records, staff records including training records and policies.

The inspectors found that the provider had responded positively to the action plan from the previous inspection but there were improvements still required. Five of the 12 actions identified had been fully completed, five had been partly met and two actions had not been completed. Storage space was limited and residents did not have a lockable storage space. The timeframe for completion the action plan for personnel files had not expired.

Improvements made by the provider since the previous inspection included:

- a new care planning process was introduced
- menu choices offered to residents who required a modified consistency diet.
- a range of activities were provided for residents and their preferred activities and opportunities for engagement were clearly identified

Improvements were still required in the management of restraint, environmental risk management and staff training. Areas for improvement are discussed further in the report and are included in the Action Plan.

Issues covered on inspection

Review of Quality and Safety of Care and Quality of Life

Inspectors were satisfied that the experience of the residents was monitored and developed on an ongoing basis as the person in charge met the residents almost daily and listened to their feedback. However, the organisation lacked a formal system to review the quality of care. The person in charge had continued to collect monitoring data since the previous inspection and said she planned to audit the care plans once the new documentation was fully implemented. There was also no formalised system in place to review clinical data to identify possible trends and for the purpose of improving the quality of service and safety of residents.

Protection

Inspectors were satisfied that measures were in place to protect residents from being harmed or suffering abuse. The centre had a policy on safeguarding residents and staff spoken to displayed sufficient knowledge about different forms of elder abuse. Staff explained that forcing a resident to eat against his/her will or laughing at a resident could constitute abuse. Staff were clear on reporting procedures and contact details of the dedicated elder abuse officer were available to staff.

Staff Training

Inspectors reviewed the training records available and noted that while staff attended training on restraint and care planning, not all staff had attended mandatory training such as fire training, see Action 4, and manual handling training. There was difficulty in accessing the staff training records as the monitoring database was not yet completed. The person in charge said that manual handling training was planned for 12, 13, and 14 December 2011. All staff would have received training in the protection of vulnerable adults by end of November 2011 and fire training was planned for all staff by end of December 2011.

Equipment for Residents

At a previous inspection it was identified that some residents remained in bed due to lack of suitable seating. Inspectors were satisfied that no residents were confined to bed because they did not have a suitable chair. Inspectors found that with the exception of a small number of residents, who were ill, all residents were seated during the day and many chose to sit in the day rooms or the conservatory. Staff said that residents were provided with chairs from Unit D and they got up each day. The person in charge said that two residents who required specialised seating were recently assessed by the occupational therapist (OT) and had been provided with alternative chairs in the interim. However, inspectors observed one resident sitting in an ill-fitting chair in the day room in Unit C and her legs were not supported. The staff said that this resident had not been assessed by the OT, See Action 1.

Infection Control

Inspectors noted that the sluice room on Unit D did not have a hand-washing facility. This did not support good infection control practices and could pose a risk to residents.

Actions reviewed on inspection:

1. Action required from previous inspection:

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

This was partially completed.

The number of places had been gradually reduced and the person in charge said that Unit D was closed and staff were redeployed to other units as required. However, inspectors noted that residents were left unsupervised in the day room in unit C for a period in the afternoon.

Inspectors found the person in charge gathered information about dependency levels of residents and hours of care required on each unit. She told the inspectors that staffing levels for each unit were adjusted depending on this information and that staffing levels were considered on a day-to-day basis.

On the previous inspection, some residents were nursed in bed rather than having the opportunity to get out of bed due to a lack of staff or seating. Inspectors were satisfied on the day of inspection that staffing levels were adequate to meet the needs of the residents. However, inspectors noted that staffing levels and supervision on Unit C was not appropriate between 3.00 pm and 4.00 pm. The person in charge said that staff numbers were reduced because staff were attending a meeting which was taking place and the staff nurses and care assistant on duty were assisting residents in their bedrooms.

Staff also said they cleaned equipment for a period of one hour in the afternoons and were not free to spend time with residents during this time. The issues of supervision and care assistants staff cleaning duties was discussed with the person in charge who said that staff were allocated to supervise day rooms each day and that staff only spend time cleaning when there was adequate staff to care for the residents. She assured inspectors this would be addressed. She said that the ADONs and the CNMs would monitor this practice.

2. Action required from previous inspection:

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

This action was met.

There was a dedicated activities coordinator in place. The activity policy was fully implemented since the previous inspection. Residents were assessed for their level of functioning and information about residents' daily routine was collected. Care plans

also had information about each resident's interests, what made them happy and things they disliked. This information informed a plan of care and each residents' preferred opportunities for engagement and activities were also clearly outlined in their plan of care.

The activity coordinator had developed a comprehensive activity schedule in conjunction with the care assistants who provided a wide variety of activities such as horticulture, a knitting club, walking groups, physiotherapy exercise class and bingo. Other activities such as hand massage. Sonas and reminiscence therapy were also introduced and further expanded to meet the needs of the more dependent residents. Inspectors noted that residents who were unable or did not wish to participate in group activities were supported with one-to-one attention from staff members. A daily record of each resident's participation in activities or social engagement was documented.

Inspectors observed staff members sitting with residents throughout the day and residents displayed evidence of high levels of wellbeing. They were alert and engaged with their surroundings. They chatted with each other and with visitors and many of them enjoyed the freedom to walk around the corridors and spacious day rooms.

3. Action required from previous inspection:

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

This action was partly met, but there were still improvements required to provide care for residents in restraint in line with best practice.

The restraint policy was revised in 2010 and records showed that since the previous inspection two staff members had attended training on the national restraint policy and had delivered training sessions to staff in the units. Inspectors observed that bedrails were in use for a number of residents and staff said they were in the process of reducing the numbers of bedrails in use. It was difficult to ascertain how many residents used bedrails because there were inconsistencies with numbers provided to inspectors by the CNMs on the units and the ADON.

There was documentary evidence that all residents who required a bedrail were assessed. However, there were no documented evidence of the alternatives tried. There were no care plans for residents who required bedrails and inspectors noted that a sheet to monitor residents, who had bedrails every two hours, was completed in some units but not consistently completed in others.

Inspectors were concerned about a resident who was sitting in a chair with a lap strap for safety. The strap appeared tight as the resident had slipped forward in the chair. There was no assessment documented in the resident's file. The care plan for this resident said she was reviewed every 30 minutes while in the chair. However, this practice was not evident.

4. Action required from previous inspection:

Provide written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

This action was partially met.

The Authority received written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with in advance of the inspection.

Inspectors viewed the new fire manual in place and noted that fire drills were carried out monthly. Inspectors observed that an efficient fire drill was carried out on the morning of the inspection. A record was maintained of all maintenance work, testing of fire safety equipment and daily checks of fire evacuation routes. Fire exits were observed to be unobstructed.

Records of attendees at fire training were inadequate. The inspectors noted that fire manual records did not include the names of the staff who attended any of the drills or the training. The records showed that not all staff had attended formal fire training in the past year but staff spoken with were fully aware of what to do in the event of a fire.

5. Action required from previous inspection:

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

This action was partially met.

In response to this required action a risk management policy was developed in line with the Regulations and was rolled out. A number of staff were trained in risk management and risk assessments and the person in charge said there were plans to train all staff. Inspectors read the risk assessments which the managers on the units had completed. The person in charge detailed the forums in place to discuss and address risk, namely the weekly management meetings, monthly nurse managers meetings and the quarterly quality, risk and safety meeting. All incidents and near misses were now recorded and there was a process to learn from incidents and accidents. The ADON monitored incidents monthly and discussed these with the staff on the units. A plan to minimise the risk of the incident occurring again was agreed and implemented. For example, one resident was provided with a bed and chair alarm and this had reduced the number of falls for that resident. Inspectors reviewed the minutes of the quality, risk and safety committee and noted that this committee had been in place since 2009, but the risk management structures and processes were recently established and would need to be embedded.

While there was a risk register in place, there was no risk assessment completed on the lack of call bells available and the location of these. At the last two inspections it was found that not all bathrooms had call bells available for residents' use and this was also the case on this inspection. The person in charge said this would be addressed by 19 December 2011.

6. Action required from previous inspection:

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

This action was progressed but not completed.

Many of the bathrooms had been upgraded and while there were appropriate numbers of baths and showers for residents use, four residents continued to access a shower by entering another multi-occupancy bedroom. The person in charge said that there was a plan to provide an additional bathroom along the corridor which would be more suitably accessible to the residents.

7. Action required from previous inspection:

Offer each resident a choice at each mealtime

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

This action was addressed.

Inspectors saw the menu on the tables which offered all residents a choice of meal, regardless of the consistency of the meal. The meals were observed to be nicely presented and appropriate assistance as provided as required. Inspectors discussed the change to the meal times with the person in charge. She told inspectors that she continued to try to address the issue of the tea times and has brought it to a national forum in order to find a solution.

8. Action required from previous inspection:

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

This action was not met but the person in charge had allocated a time frame of 2012 to address this.

The person in charge said she requested two files per week from the central office and reviewed these to ensure they contained the requirements of the Regulations. However, there were no records maintained of the files reviewed.

9. Action required from previous inspection:

Supply a copy of the Residents' Guide to each resident and ensure it contains a copy of the most recent inspection report.

This action was completed.

The Residents' Guide and the two recent inspection reports were available to residents since the previous inspection.

10. Action required from previous inspection:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances and no less frequent than at 3-monthly intervals.

This action was in the process of being fully implemented.

The inspector found that the care planning process had improved since the previous inspection. The HSE Dublin Mid-Leinster area had developed a more robust assessment and care planning documentation system which was introduced.

This care planning documentation supported a consistent approach to ensuring that nursing assessments, risk assessments and care plans were implemented in line with the Regulations. Many of the nursing staff had received training on nursing assessment, clinical risk assessments and care planning and this also contributed to the consistency of approach. All residents had a number of risk assessments completed, including falls, pressure ulcer, weight loss and dependency and there were up-to-date assessments and care plans in place. Inspectors read the records of the residents who required fluid intake charts and noted that these were not comprehensively completed by night staff. Inspectors also noted that the care plans were not comprehensive in relation to end of life care.

11. Action required from previous inspection:

Provide adequate storage for use by the residents.

Provide adequate storage in the designated centre.

This action was not addressed.

There was storage provided to residents but there was no lockable personal storage. The person in charge said this was being addressed in response to a recent incident in the centre and identified the end of December 2011 as the date for completion.

Storage remained an issue for the centre. Inspectors observed that assistive equipment was stored in bathrooms and bedrooms. The person in charge showed inspectors a room that was being converted into a store room for all equipment.

12. Action required from previous inspection:

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

This action was addressed.

All residents' records were observed to be maintained safely in the offices on each unit.

Report compiled by:

Linda Moore

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

10 November 2011

Chronology of previous HIOA inspections	
Date of previous inspection:	Type of inspection:
10 and 11 August 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
18 May 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	St. Colman's Hospital
Centre ID:	492
Date of inspection:	9 November 2011
Date of response:	12 December 2011

Requirements

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

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

Some residents were left unsupervised in one day room for a period in the afternoon.

Action required:

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

Reference:

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

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A continuous review of the numbers and skill of staff on duty is underway daily to ensure that appropriate staff are on duty to meet the needs of the residents.	Ongoing

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

Not all staff members had training in fire safety or manual handling to enable them to provide care in accordance with contemporary evidence based practice.

Action required:

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

Reference:

Health Act, 2007
 Regulation 17: Training and Staff Development
 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 will have completed fire safety and manual handling by the year end.	31/12/2011

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

A high standard of evidence based nursing practice was not delivered in relation to restraint.

Action required:

Provide a high standard of evidence based nursing practice in relation to restraint.

Reference:

Health Act, 2007
 Regulation 6: General Welfare and Protection
 Standard 13: Healthcare

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A training programme on restraint management is currently being delivered to all staff.</p> <p>CNMs are providing awareness sessions to all staff pertaining to the hospital policy on restraint and this includes reinforcing the requirement for staff to record alternatives to restraint and to ensure an up-to-date care plan for residents using bedrails is in place.</p> <p>There is an audit being undertaken to monitor the documentation records pertaining to bedrails and other forms of restraint.</p> <p>A project is underway to reduce that number of bedrails in use throughout the hospital.</p>	<p>July 2012</p> <p>Ongoing</p> <p>February 2012</p> <p>July 2012</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The risk management policy was not fully implemented throughout the centre.</p> <p>Call bells were not available in all resident bathrooms.</p>	
<p>Action required:</p> <p>Implement the risk management policy throughout the designated centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All call bells will be operational by 19 December 2011.</p> <p>The health and safety department are providing education to staff on the management of risk.</p>	<p>19/12/2011</p> <p>September 2012</p>

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

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

Action required:

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

Reference:

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

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

Timescale:

Provider's response:

There is a plan submitted under minor capital 2012 to develop the bathrooms so as to ensure that the needs of the residents are met.

December 2012

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

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

Action required:

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

Reference:

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

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

Timescale:

Provider's response:

An update of staff files is currently underway to ensure that all files comply with the Schedule 2 of the Regulations.

April 2012

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

The storage space for residents' personal property was limited. Residents did not have a lockable storage space.

There was inadequate storage for equipment.

Inspectors noted that the sluice room in Unit D did not have a hand-washing facility.

Action required:

Provide adequate storage for use by the residents.

Action required:

Provide adequate storage in the designated centre.

Action required:

Provide necessary sluicing facilities

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>The provision of lockable spaces for all residents is underway.</p> <p>An identified area for storage is currently being organised.</p> <p>Hand-washing sink has been installed in Unit D.</p>	<p>31/12/2011</p> <p>April 2012</p> <p>Completed</p>

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

One resident was observed to be sitting in an ill-fitting chair and her feet were not supported.

Action required:

Make suitable adaptations, and provide such support, equipment and facilities, for residents, as may be required.

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: A referral has been sent for the resident to be reassessed by the Occupational Therapist. All staff have been reminded to ensure that all foot supports are used correctly at all times. CNM2 to ensure that staff are utilising equipment correctly.	Completed Completed Ongoing

9. The provider has failed to comply with a regulatory requirement in the following respect: The system in place to review the quality and safety of care provided to residents needed to be enhanced.	
Action required: Enhance the system for reviewing the quality and safety of care provided to 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 is being devised to review quality and safety using key performance indicators. Key staff will receive training in relation to Quality and Safety Assurance Management.	June 2012 April 2012

Any comments the provider may wish to make:

Provider's response:

None

Provider's name: Grace A Fraher on Behalf of the HSE

Date: 12 December 2011