

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	St. Finbarr's Hospital
Centre ID:	ORG-0000580
Centre address:	Douglas Road, Cork.
Telephone number:	021 496 6555
Email address:	irene.walsh@hse.ie.
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa O'Donovan
Person in charge:	Neil Mackay
Lead inspector:	Vincent Kearns
Support inspector(s):	Col Conway;
Type of inspection	Unannounced
Number of residents on the date of inspection:	83
Number of vacancies on the date of inspection:	6

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

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.

Regulation has two aspects:

- Registration: 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.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 October 2013 08:00 To: 22 October 2013 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over two days. As part of the monitoring inspection, inspectors met with residents, relatives, the person in charge (PIC) and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files. The inspectors also assessed the progress made on the twenty four actions issued by the Health Information and Quality Authority (the Authority) from the inspection of 11 and 12 December 2012. The inspector noted that seventeen out of the twenty four actions issued had been completed.

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 improvements included the following:

- the risk register and complaints log required updating
- there continued to be significant issues regarding the premises including issues in relation to the multi-occupancy bedrooms, lack of storage space, insufficient

numbers of lavatories, adequate sitting, recreational and dining space and lack of access to suitable external grounds.

Section 41(1)(c) 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.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was the Director of Nursing and he worked full-time and displayed sufficient clinical knowledge to ensure suitable and safe care. The person in charge was actively engaged in the governance, operational management and administration of the centre. The person in charge was also actively involved in staff training, had attended a number of short training courses and since the last inspection had completed a train the trainer course in relation to adult protection. The person in charge reported to the off-site General Manager, Teresa O'Donovan, who was the nominated provider on behalf of the Health Service Executive (HSE).

The person in charge was supported in his role by the hospital administrator and three Assistant Directors of Nursing (ADONs). There was also one Clinical Nurse Manager 3 (CNM3) and .65 relief CNM3, 1.6 Practice Development Coordinators, 1.77 Nurse Liaison Officers (who work with the elderly services in the Cork area), and a Clinical Nurse Specialist (infection control). Each unit had a Clinical Nurse Manager 2 (CNM2) and Clinical Nurse Manager 1 (CNM1) who supervise the staff nurses and care staff. One member of the management team was always designated to be available if required at night and over weekends. There was a hospital engineer/maintenance officer in charge of the maintenance department and a domestic supervisor who supervised the domestic and housekeeping staff.

Throughout the inspection, the person in charge demonstrated a positive attitude towards meeting regulatory requirements and a good level of 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.

Outcome 06: Safeguarding and Safety

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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Systems were in place to protect residents' personal funds and, on reviewing the management of a particular issue around a resident's finances, inspectors found the processes to be fair and transparent.

Inspectors reviewed a sample of the contracts of care and found that the charges outlined were clear and the contract met the regulatory requirements.

Residents to whom inspectors spoke stated that they felt safe and spoke positively about the care they received from staff. Inspectors observed staff assisting and engaging with residents in a respectful and suitable manner. Most staff were observed knocking on bedroom doors prior to entering, speaking with residents and visitors in a sensitive and considerate way and generally dealing with care and welfare issues in an appropriate manner. There was a policy in place for adult protection and a comprehensive staff training programme throughout the year. All staff had attended training and there was an ongoing schedule of refresher courses. Staff spoken with had a clear understanding of what constituted abuse, procedure to take in the event of a disclosure of abuse and who to report it to. However, inspectors noted that due to the design and layout of the multi-occupancy bedrooms residents' privacy was not always protected, to the extent that the resident was able to undertake personal activities in private. This issue is also identified under Outcome 12.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Since January 2013 a new fire plan had been rolled out across the site of St. Finbarr's Hospital and inspectors found that the processes had been adapted across the older person's residential services. For example, fire training and evacuation drills for staff were up-to-date as was servicing of equipment. Inspectors noted that fire safety checks were conducted and all fire door exits were seen to be unobstructed. All staff to whom inspectors spoke were able to clearly articulate appropriate knowledge and understanding of what to do in the event of fire.

Staff had completed moving and handling training and there was an ongoing schedule of refresher courses. The centre had a major emergency plan which had been updated in January 2013.

Arrangements were in place for learning from incidents and a review of the minutes of staff meetings indicated that such learning was disseminated among staff. The centre had an up to date health and safety statement.

The environment was kept clean and well maintained, with flooring and lighting in good condition and there was a working call-bell system. There was a waste disposal contract in place and there were measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste such as clinical waste. Staff spoken with had received infection control training. Staff to whom inspectors spoke were able to articulate adequate responses in relation to suitable infection control practices. Inspectors observed staff abiding by best practice in relation to infection control, with regular hand washing and the appropriate use of personal protective equipment such as latex gloves and plastic aprons. There were adequate supplies of latex gloves and disposable plastic aprons and inspectors observed staff using alcohol hand gels which were available throughout the centre. Inspectors spoke with the cleaning staff who were able to clearly outline suitable practices in relation to cleaning procedures. In addition, the equipment used for cleaning was suitably colour coded and stored to prevent cross-infection. Inspectors noted that there were secured sluice and cleaners' rooms on each ward that stored hazardous materials including cleaning liquids.

The centre had a risk register and there was evidence that it was reviewed and updated at regular intervals. Inspectors noted that many hazards had been identified and suitable controls and persons identified. However, the risk register was not adequate as it did not detail the precautions in place to control the specified risk of self-harm as required by the Regulations.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Photographic identification for residents was in place. Inspectors were informed that nurses did not transfer/transcribe the medication orders and were supported by the pharmacist based on site. In each unit the medication trolleys were stored and secured and the medication keys were held by the staff nurse. Nursing staff to whom the inspector spoke demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Medication fridges stored medication at the appropriate temperature and there were suitable records available in relation to the regular temperature monitoring of these fridges. In each unit controlled drugs were stored safely within locked cupboards in the clinic room. Stock levels of controlled drugs were recorded at the end of each shift and recorded in a register, in keeping with best practice. There was evidence that residents' medication charts were reviewed at least three-monthly by the residents' general practitioner (gp).

Outcome 10: Reviewing and improving the quality and safety of care

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

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence of an ongoing commitment to quality review and staff outlined how residents and their representatives were consulted in relation to reviewing and improving the quality and safety of care and the quality of life of residents. A wide range of audits had been undertaken on a regular basis. These included clinical audits such as infection control, personal care, skin care and continence promotion, as well as communication and documentation. Medication management audits were also completed on a regular basis and a monthly data collection tool identified trends within the needs of the resident population. In addition, the person in charge undertook quality of life audits in the wards to identify issues that might improve the quality of life of residents. These were then communicated for action to the ward managers. Inspectors noted that there were regular residents' committee meetings held in one venue with residents attending from most units.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre had a comprehensive care planning process in place for each resident and inspectors reviewed a selection of care plans from each unit. Inspectors noted that all care plans included detailed information pertinent to each resident. The detailed information reflected that residents had timely access to gp, consultant services and appropriate allied services which included physiotherapy, occupational therapy, chiropody, dental and optical services. Records were maintained of referrals and follow-up appointments. Inspectors found that the residents' healthcare needs were adequately met and residents to whom inspectors spoke, said they were satisfied with the healthcare services provided. There was evidence that the care plans were reviewed at least every three months and reflected any change to residents' care.

In relation to restraint practices, inspectors observed that while bed rails were in use, their use followed an appropriate assessment. Care plans of residents using bed rails detailed that their use was subject to assessment and ongoing review. The inspector noted that signed consent from residents was secured where possible and the use of

bed rails discussed with residents' representatives as appropriate. There was a centre-specific restraint policy which stated that the centre aimed for a restraint free environment and included a direction to consider all other options prior to using restraint. Since the last inspection there were monitoring checks for the observation of residents while bed rails were in use. Nevertheless, inspectors noted that the charts used for monitoring and observing residents while a bed rail was in place were four hourly and did not sufficiently relate to the needs of residents as identified in their care plans. The person in charge agreed to review this monitoring charts to ensure that each monitoring of residents directly related to the needs as identified in resident care plans.

Outcome 12: Safe and Suitable Premises

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.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre consisted of five units located within a larger HSE campus and comprised St Joseph's 1 and 2, St. Stephen's, St Enda's and St Elizabeth's unit. A number of the buildings used dated back to 1877 and therefore their physical design and layout remained predominately institutional in appearance and consistent with the institutional style of that era. Inspectors noted that while there were some single and twin-bedded rooms available, apart from St Joseph's Wards (1 and 2), accommodation consisted primarily of multi-occupancy rooms that were not suitable. St Joseph's Wards were also the only wards with suitable access to a garden for residents. In most of the units, communal areas were multi-functional. For example, lounges and living areas were also used for dining and social activities. There were wash-hand basins in all wards and side rooms, only St Joseph's Wards (1 and 2) had en suite facilities. There was one large central kitchen on the campus which delivered residents' meals to small pantries in each unit. A large communal space separate to the units had been converted into an activities centre where residents could convene and partake in group activities such as arts and crafts. This aspect of the service was managed by an activities coordinator.

The standard of décor was generally adequate, there were bed lights for all residents and some efforts had been taken to create an atmosphere of homely comfort and relaxation through the use of soft tone paint and suitable fittings and furnishings. Since the last inspection a new stairways had been installed in St Stephens Ward and a

section of grab-rail had been fitted in one corridor. Nevertheless, inspectors noted that the identified regulatory actions required from previous inspections in relation to the premises remained unchanged. The person in charge and a number of staff to whom inspectors spoke acknowledged this and stated that they were aware that the premise required significant amount of funding in order that the premise would meet the required standards. In addition, the provider had also communicated to inspectors her ongoing efforts to address these outstanding actions. However, since the last inspection the following outstanding issues in relation to the premise continued to include the following.

In relation to whether the size and layout of rooms occupied or used by residents were suitable for their needs to the extent that residents were able to undertake personal activities in private. Inspectors noted that the privacy of residents was respected as much as possible while they were being assisted with personal care. Staff were observed closing curtains or screens between beds. However, apart from St Joseph's wards, the multi-occupancy bedrooms in the other wards were not suitable to meet residents' needs. This was mainly due to the limited space provided in the areas surrounding the beds. Residents' privacy and dignity was compromised due to the close proximity of many of the beds. There was inadequate private accommodation for residents to ensure that residents' privacy and dignity was met on a daily basis. In these bedrooms, inspectors observed that residents were not able to undertake personal activities in private or meet with relatives in private. In addition, there were numerous challenges posed by the structure and layout of the physical environment. For example, some of the multi-occupancy bedrooms had large structural support poles in place which did not allow for adequate manoeuvring space for the use of assistive equipment such as hoists. In addition inspectors noted that there were no grab-rails available in St. Enda's ward.

In relation to ensuring that suitable provision for storage in the designated centre, inspectors noted that since that last inspection small lockable metal cashboxes had been provided for residents' personal valuables. Inspectors noted that some of the bedrooms had new wardrobes provided since the last inspection. Inspectors were informed that many relatives managed residents' clothing and laundry requirements. However, inspectors formed the view that apart from St. Joseph's units there continued to be inadequate storage facilities available for residents' personal belongings. The remaining units either had bedside lockers and wardrobes that were insufficient in size to hold adequate number of personal belongings, clothing and mementos and/or in other instances, the wardrobe space alone was provided with no space for bedside lockers. Inspectors observed that due to the lack of space residents displayed minimal personal effects which was also confirmed by staff to whom inspectors spoke.

In relation to ensuring that adequate sitting, recreational and dining space was provided separately from the residents' private accommodation, inspectors noted that there were some seating areas provided in a number of areas to improve the amount of suitable private areas which were separate from the residents' own private rooms. However, apart from St. Joseph's units the design and layout of the remaining units did not provide adequate sitting, recreational and dining space separate from the residents' private accommodation. In some of the units there were inadequate private areas apart from bedrooms to receive visitors and insufficient space for residents to spend quiet time alone.

In relation to providing suitable storage space for equipment, inspectors noted that considerable efforts had been made to ensure that all assistive equipment, when not in use, was stored in a designated central store area. However, there continued to be inadequate storage space available for the storage of equipment such as hoists, wheelchairs and walking frames so that, for example, such equipment was stored in the residents' assisted bathroom and shower rooms and inspectors noted in one ward there were five bed tables, two large assisted chairs, a wheel chair and a drip stand stored in a small sitting room.

In relation to providing access to external grounds that were suitable for use by residents, the centre had extensive grounds and there was suitable outside area provided in St. Joseph's wards including a secure garden area with appropriate seating and walkways. However, in relation to the remaining units residents were required to cross a busy service road or the outside area provided was not adequately secured and was not suitable for use by residents who may be cognitively impaired or have limited mobility.

In relation to providing sufficient numbers of lavatories, inspectors noted that apart from St. Joseph's wards there was an insufficient number of lavatories available in each of the remaining wards with only two toilets provided.

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

On reviewing the management of complaints inspectors found that complaints were followed through in a comprehensive manner and complainants were kept informed of the progress and status of any investigation. Inspectors noted that there was a centre-specific complaints policy which identified the nominated complaints officer and also included an independent appeals process as required by legislation. Copies of the HSE "Your Service Your Say" were available and a copy of the complaints procedure was also provided in the statement of purpose and the Residents' Guide. Residents to whom inspectors spoke confirmed that any complaints they might have were dealt with satisfactorily. The person in charge confirmed that he dealt with any complaints as soon as possible and felt that residents were generally happy with the service they received. Inspectors reviewed the complaints log and noted that there were a number of

complaints recorded with evidence of responsive action having been taken by staff and the person in charge in resolving issues in a proactive manner. However, inspectors noted that the complaints log was not adequate as it did not record whether or not the resident was satisfied.

Outcome 17: Residents clothing and personal property and possessions

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors reviewed the policy on residents' personal property and possessions which had been reviewed by the person in charge since the last inspection. This policy did require staff to record residents' personal property on admission and to update this record accordingly. Inspectors noted that the records of residents' personal property were signed by residents when possible. Inspectors also spoke to residents who confirmed that they were generally happy with the management of their clothing and laundry facilities.

Outcome 18: Suitable Staffing

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.

Theme:

Workforce

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Staff were able to articulate clearly to inspectors, the management structure and reporting relationships and confirmed that copies of both the Regulations and the Standards had been made available to them. There was evidence that staff regularly attended structured meetings and inspectors viewed minutes of these meetings. Inspectors viewed the staff training matrix which recorded staff as having up-to-date training. Staff spoken with by the inspectors were familiar with the training programme and confirmed to inspectors the training they had attended or training they were due to attend. The person in charge confirmed that staff education and personal development was facilitated and provided records of a staff training schedule.

There were a number of volunteers that regularly attended the centre and the person in charge provided evidence that all received supervision and support while working in the centre, were vetted appropriately to their role and level of involvement and had their roles and responsibilities set out in a written agreement between the designated centre and the individual.

Inspectors reviewed a selection of staff files and noted from these files that most of the documents as required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were available. However, from the sample of staff files reviewed not all files contained three written references, including a reference from a person's most recent employer (if any) in a format specified by the Chief Inspector.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Vincent Kearns
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Finbarr's Hospital
Centre ID:	ORG-0000580
Date of inspection:	22/10/2013
Date of response:	21/01/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To 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 risk of self-harm.

Action Required:

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

Policies covering the risks as described remain in place and available which include the following:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Management of Absconson policy 045
Major Emergency Plan 104
Incident reporting 057
Serious incident escalation procedure 057
Risk and Incident escalation procedure 110
Risk Management structure 126
Departmental Safety Statements and Risk assessments
Risk Register for SFH

Proposed Timescale: 20/01/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents including providing residents with privacy to the extent that each resident was able to undertake personal activities in private.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

Given the changes in Older Peoples population in all HSE areas there is a need to maintain the current number of residential beds for Older People, including the number of public beds, along with a requirement to increase the bed numbers in areas such as Cork City and its environs. The HSE nationally and in the South have completed accommodation layout plans in relation to existing buildings to achieve compliance with the environmental standards required. A detailed plan for all hospitals has been drawn up. These plans consider the options of refurbishment, extension or full replacement and require significant Capital investment. This plan and the overall funding requirement for the HSE has been forwarded to the Department of Health for consideration and any future development is dependant on funding becoming available. A prioritisation process based on capital investment becoming available is ongoing between the HSE and the Department of Health to ensure that both requirements for additional capacity and compliance with HIQA standards are met. The completion date of the works is dependent on available funding and this has been discussed at Corporate level between the HSE and HIQA.

Proposed Timescale: Ongoing

Proposed Timescale:

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To make suitable arrangements to ensure that adequate sitting, recreational and dining space was provided separately from the residents' private accommodation.

Action Required:

Under Regulation 19 (3) (e) part 1 you are required to: Provide adequate private and communal accommodation for residents.

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

As above.

Proposed Timescale:

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To make suitable arrangements to ensure that adequate sitting, recreational and dining space was provided separately from the residents' private accommodation.

Action Required:

Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.

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

As above.

Proposed Timescale:

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents including providing residents with privacy to the extent that each resident was able to undertake personal activities in private.

Action Required:

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

As above.

Also, Grab Rails have been installed in St. Enda's Ward since the Inspection.

Proposed Timescale:

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The design and layout of the remaining units did not provide adequate sitting, recreational and dining space separate from the residents' private accommodation. In some of the units there were inadequate private areas apart from bedrooms to receive visitors and insufficient space for residents to spend quiet time alone.

Action Required:

Under Regulation 19 (3) (g) part 4 you are required to: Provide adequate dining space separate to the residents private accommodation.

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

As above.

Proposed Timescale:

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

In relation to providing sufficient numbers of lavatories inspectors noted apart from St. Josephs' wards there was insufficient number of lavatories available in each of the remaining wards.

Action Required:

Under Regulation 19 (3) (j) part 2 you are required to: Provide sufficient numbers of toilets and wash-basins which incorporate thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

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

As above.

Also, 70% of the existing wash hand basins have thermostatic control in place and the remainder will be completed by 14th March 2014

Proposed Timescale: 14/03/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There continued to be inadequate storage space available for the storage of equipment such as hoists, wheelchairs and walking frames, so that, for example, such equipment was stored in the residents' assisted bathroom and shower rooms and inspectors noted

in one ward there were five bed tables, two large assisted chairs, a wheel chair and a drip stand stored in a small sitting room.

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

As above.

All efforts have been made to store equipment used less frequently away from the Residential areas. Equipment is stored in areas away from Fire thoroughfares when not in use. However, it is recognised that insufficient storage space is available for all equipment.

Proposed Timescale: Ongoing

Proposed Timescale:

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Apart from residents in St. Joseph's wards residents in the remaining wards were required to cross a busy service road or the outside area provided was not adequately secured and were not suitable for use by residents who may be cognitively impaired or have limited mobility.

Action Required:

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

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

As above.

There is a fenced garden in the centre of the grounds which is not frequently used since fencing was erected.

The grounds have a road passing through which is pedestrianised and any Resident whose safety awareness is compromised is accompanied by a Carer or relative when in the grounds.

Proposed Timescale: Ongoing

Proposed Timescale:

Outcome 13: Complaints procedures

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The complaints log was not adequate as it did not record whether or not the resident was satisfied.

Action Required:

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

The local complaints and compliments log is now amended to ensure a specific outcome is recorded.

Proposed Timescale: 30/11/2013

Outcome 18: Suitable Staffing

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Action Required:

Under Regulation 18 (2) (c) you are required to: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.

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

All recruitment is now undertaken centrally by the HSE and is compliant with Schedule 2. However, legacy recruitment prior to the introduction of the Health Act is still evident when only 2 references were required.

A review of all locally held staff files will be carried out and a third reference requested, to include if appropriate the most recent employer.

Proposed Timescale: 31/12/2014