

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Kinsale Community Hospital
<b>Centre ID:</b>	ORG-0000584
<b>Centre address:</b>	Kinsale, Cork.
<b>Telephone number:</b>	021 477 2202
<b>Email address:</b>	nuala.oreilly@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Kinsale Community Hospital
<b>Provider Nominee:</b>	Teresa O'Donovan
<b>Person in charge:</b>	Nuala (Johanna Noella) O'Reilly
<b>Lead inspector:</b>	Breeda Desmond
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	40
<b>Number of vacancies on the date of inspection:</b>	0

## 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: 28 January 2014 09:00 To: 28 January 2014 18:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This was an unannounced monitoring inspection which took place over one day. As part of the process, the inspector met with residents, staff, visitors and nurse management. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, contracts of care and the statement of purpose. Overall, the inspector found that residents' well-being was central to service provision. There was evidence of good care practices in meeting the day-to-day needs of residents. Staff were kind and respectful to residents and demonstrated good knowledge of residents and interventions necessary for those with divergent needs. Residents and visitors gave positive feedback regarding care and attention. There was a variety of social and recreational activities and residents spoke highly of these. The inspector observed that residents were encouraged to exercise choice and personal autonomy throughout the day.

Given of the size and layout of the centre, the inspector queried if the staff levels and skill-mix were adequate to meet the assessed needs of residents in the afternoon/evening time. This will be discussed under Outcome 18.

This centre was originally built in the 19th century and it had been refurbished and upgraded with many areas decorated in a homely and cosy fashion. However, there were limitations within the physical environment which negatively impacted the

freedom, choice, privacy, dignity and autonomy of residents. These will be discussed under Outcome 12.

Other improvements were identified to comply 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.

These improvements include:

- 1) aspects of infection prevention and control
- 2) aspects of medication management policy and procedures
- 3) safety statement
- 4) contracts of care
- 5) premises.

The Action Plan at the end of the report identifies improvements necessary to ensure compliance with the Regulations and the Authority's Standards.

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

**Theme:**  
Leadership, Governance and Management

**Judgement:**  
Compliant

**Outstanding requirement(s) from previous inspection:**  
No actions were required from the previous inspection.

**Findings:**  
The inspector identified that the statement of purpose required attention as it did not contain all the items listed in Schedule 1 of the Regulations. This was remedied before the end of inspection and the statement of purpose now includes:

- 1) the conditions of registration as a designated centre
- 2) the registration number, date of registration and the expiry date
- 3) the organisation structure with assigned accountability.

**Outcome 02: Contract for the Provision of Services**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The person in charge reported to the inspector that all residents had contracts of care in place. The contracts of care were maintained as part of residents' administration documentation and while the contracts listed the fees to be charged, additional fees were not included. Samples of contracts of care for residents were examined by the inspector. Contracts viewed were signed within one month of admission by either the resident or their next of kin. Also included in residents' administration files was a letter from the HSE informing residents of increase in fees to be charged. However, a new contract identifying the change of conditions of the contract (i.e. increased fees), was not in place.

**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 post of the person in charge was full-time and held by a registered nurse with the required experience of nursing dependant people. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities. There was evidence that the person in charge had a strong commitment to her own continued professional development and that she regularly facilitated in-house training sessions and promoted post graduate education for staff. The person in charge and key senior nurse management demonstrated competence and commitment to the delivery of person-centred care.

Throughout the day of inspection the person in charge demonstrated an excellent working knowledge of the Regulations and the Authority's Standards.

**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:**

No actions were required from the previous inspection.

**Findings:**

Measures were in place to protect residents from being harmed or suffering abuse. All staff completed training in adult protection and the training matrix displayed training dates for refresher training sessions for staff to up-skill them in adult protection. Staff spoken with demonstrated their knowledge of protection of residents in their care and actions to be taken if concerns arose. Residents and visitors spoken with said they could speak with any member of staff if needed.

Residents' finances were reviewed. Petty cash was maintained for several residents and the transaction logs were examined - there were two signatures for debit and credit transactions. Two nurses signed the transaction log if the resident was unable to. The petty cash is securely maintained and just the person in charge and administration staff had access to the safe. Residents' fees were maintained centrally by the HSE and appropriate documentation was evidenced to support best practice regarding finances and these were externally audited annually.

**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 - Moderate

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

There was a comprehensive health and safety policy and statement in place which included identification, management, and assessment of specific risks as outlined in Regulation 31. There was evidence that hazards were identified and appropriate control measures in place. However, the health and safety policy and statement was not up to date and it did not identify the new person in charge as the responsible person.

The inspector viewed the emergency plan and noted that there were arrangements in place for responding to emergencies. Safe placement for residents in the event of an evacuation was identified.

Up-to-date mandatory staff training in moving and handling of residents was evidenced. Suitable fire equipment was provided. All fire exits were unobstructed. A procedure for the safe evacuation of residents and staff in the event of fire was prominently displayed throughout the centre. Fire records reviewed by the inspector, confirmed that:

- 1) daily fire checks were completed
- 2) the fire alarm was serviced on a quarterly basis
- 3) fire safety equipment was serviced on an annual basis
- 4) fire drills took place on a six-monthly basis
- 5) arrangements were in place for reviewing fire precautions.

Hand gels, disposable gloves and aprons were available. There was ample provision of staff hand-washing facilities. The centre had an in-house trainer on hand hygiene techniques and hand hygiene training sessions were undertaken regularly.

It was identified in the last inspection that the cleaning system required attention as some procedures and cleaning storage were not in line with best practice. This was partially remedied, whereby a new single unit system for cleaning was introduced and this was now stored in an annexe off the bathroom. However, this single unit system can be used by just one person, so the old system of separate mops and buckets was used in tandem when two multi-task attendants undertook their cleaning duties in the afternoon. These were stored in the sluice room, with one mop bucket stored in the low sluice sink. This remains a potential infection prevention and control issue.

There were several clinical sharps disposal bins available. However, they did not have the temporary closure mechanism activated to mitigate against needle stick injuries and one sharps bin was overfull with items protruding. This was highlighted to staff who immediately sealed the container to prevent injury.

A visitor's sign in/out book was readily accessible in the reception area. There was evidence and the inspector observed, that persons entering and leaving the centre signed the book.

Service records were evidenced for equipment such as hoists, back-up generator and lift, to mention a few.

While the nurses' station on the ground floor had key-pad access, the lock was faulty and it did not close securely, enabling unauthorised access to an area which contained

needle, syringes and a fridge with medications. This posed a health and safety risk to residents especially those with cognitive impairment. The person in charge gave assurances that this would be remedied immediately.

### **Outcome 08: Medication Management**

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

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Controlled drugs (CDs) were maintained in accordance with professional guidelines. The CD administration book was reviewed. While the count was correct, there was no place to record if medication was discarded and if this was witnessed. The inspector suggested a review of this CD record book to ensure compliance with professional guidelines.

Residents' prescription and drug administration charts were examined. Photographic identification was in place for residents as part of their medication charts. Instructions were in place if medicines were to be crushed. A system was in place to check medications received from the pharmacist to ensure they were correct. The inspector reviewed a number of medication prescription charts and noted all were regularly reviewed and signed by the residents' general practitioner (GP).

The inspector reviewed the centre's policy on medication management relating to the ordering, prescribing, storing and administration of medicine to residents, and noted that it was up to date and signed as having been read by staff. While there was a centre specific procedure for PRN (as required) medication prescribing, administration and review, the maximum dosage for PRN medication was not in place in the prescription charts seen.

The person in charge confirmed that the procedure of transcription of medication was not used in the centre.

Medication trolleys were stored in line with best practice professional guidelines. There was evidence that the supplying external pharmacist reviewed the medication stock on a weekly basis. There was evidence of regular audits of medication management practices and of documentation pertaining to medication.



Medication errors were monitored, recorded, analysed and learning outcomes documented and this was evidenced.

#### **Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Notifications were submitted to the Authority in a timely manner. The person in charge was responsible for notifications and she demonstrated an excellent knowledge of her regulatory accountability.

#### **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:**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a sample of the residents' medical notes and found that residents had timely access to GP services, treatment and therapies. There was evidence of referral to specialist/allied health care services, particularly for residents with diverse needs and co-existing complex medical conditions. These included access to the consultant geriatrician, psychiatry for the older adult, dental, optical, occupational

therapy, chiropody and dietetic services. The centre had access to physiotherapy, speech and language therapy (SALT) and GPs in the primary care centre located in the adjacent building.

Samples of residents' care plans were reviewed and comprehensive assessments of residents were carried out three-monthly or as required, the outcomes of which concurred with the residents' level of assessed dependency. There was evidence that care plans were reviewed with residents and/or their relatives. Staff spoken with by the inspector were knowledgeable about residents' health and social care needs.

The inspector reviewed the care plans of residents on whom restraint was used and noted that the use of restraint was subject to continuous assessment, ongoing review and monitoring. The inspector saw evidence of consent for the use of restraint and evidence that the resident was checked at regular intervals.

The centre was involved in a pilot project in conjunction with a consultant geriatrician regarding advance care directives with associated documentation. The person in charge stated that this was a very positive programme for staff and families. Documentation evidenced in residents' care plans called 'end of life decisions' care plan for a person lacking capacity demonstrated that care and welfare was discussed with the next of kin, options of interventions were detailed and a narrative written by the next of kin describing the care they wished their family member to receive. This was done in conjunction with the attending GP and nurse. Narrative in medical notes concurred with this.

There was evidence that the nutritional status of residents was monitored with appropriate nutritional risk assessments in place. While most residents were weighed regularly, one resident had not been weighed since July 2013.

It was evident that residents had opportunities to participate in activities that were meaningful and purposeful to them and that suited their needs, interests and capacities. The activity programme included a broad range of activities which included trips, exercise classes, Sonas (a therapeutic communication activity), one to one sessions, quizzes, two in-house library areas, movies, live music sessions, arts and crafts, walks, and religious ceremonies. Residents gave very positive feedback to the inspector regarding the range of activities and the enjoyment they derived from the music sessions, storytelling, parties bingo, and the involvement of the local community including the Altrusa club who visit weekly.

### **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 - Moderate

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

This centre was originally built in the 19th century and it had been refurbished and upgraded with many areas decorated in a homely and cosy fashion. However, there were significant limitations within the physical environment which negatively impacted on the freedom, choice, privacy, dignity and autonomy of residents and these have been described in detail in previous inspection reports. For example, some multi-occupancy rooms could only be internally accessed via other multi-occupancy rooms.

Other issues previously identified on inspections with regards to the limitations of the premises included:

- 1) Not all of the four-bedded rooms were suitable in size to meet residents' needs, and impacted on the privacy and dignity of the residents sharing these rooms.
- 2) There was little room between some beds and limited space to personalise the area or to receive visitors.
- 3) There were not adequately sized wardrobes in the bedrooms for residents to store their clothes and personal possessions.
- 4) There was just one communal room on the ground floor for sitting, dining and recreational space for 40 residents.

The maximum number of residents that could be accommodated in the communal room at meal time was 15 and this would depend on the types of assisted seating residents were using. Some residents told the inspector they preferred to sit by their bedsides for meals. However, the dining room was not adequate in size to seat all residents if they chose to dine there and there was only one sitting for meals. The inspector observed that activities took place in this room in the afternoon.

There were two other seating areas, one on each floor and these were homely in appearance. These areas included comfortable seating, a table, a lamp and bookshelves. There was a staff education/meeting room and a visitors/meeting room.

Sluice rooms were inspected and the inspector observed that while bed pans were cleaned appropriately, they were not stored in line with best practice guidelines.

The centre had installed circuit-television cameras (CCTV). All cameras were in public areas. There was a sign to inform residents, staff and visitors that CCTV was in operation.

The inspector saw evidence of the use of assistive devices, for example, hoists, wheelchairs, walking aids, clinical monitoring equipment and specialist seating provided for residents' use. There was a functioning call-bell system in place.

The external gardens were safe, secure, well designed and maintained.

**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:**

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

**Findings:**

Given of the size and layout of the centre, the inspector queried if the staffing skill-mix throughout the day was adequate to meet the assessed needs of residents. The roles and responsibilities of multi-task attendants changed throughout the day. In the morning their role was that of personal care giving, in the afternoon it changed to cleaning duties, then in late afternoon this reverted back to care duties. In addition, there was limited time for cleaning duties and this was particularly evident in the pharmacy room, which was cleaned just once a week. This was discussed with management during inspection.

There was evidence of a robust staff education programme and evidence that staff had attended a wide range of training, including, management, advanced care directives, dementia, dignity at work, stroke care, CPR/AED, palliative care, care plans, prevention of elder abuse, manual handling, wound care, venepuncture, and restraint.

## 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:***

Breeda Desmond  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

Action Plan

Provider's response to inspection report<sup>1</sup>

Centre name:	Kinsale Community Hospital
Centre ID:	ORG-0000584
Date of inspection:	28/01/2014
Date of response:	20/02/2014

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 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

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

Additional fees to be charged were not included in residents' contracts of care.

**Action Required:**

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

The Contract of Care will be updated to reflect the additional fees for Dry Cleaning, Chiropody and Hairdressing.

**Proposed Timescale:** 31/03/2014

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

**Theme:** Leadership, Governance and Management

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

New contracts were not issued to residents or their next of kin when fees were increased.

**Action Required:**

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

Revised Contracts of Care will be issued to all existing residents.

**Proposed Timescale:** 30/04/2014

### **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:**

Some cleaning equipment was not stored in compliance with infection prevention and control best practice guidelines.

**Action Required:**

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

All staff have been reminded of the requirement to adhere to infection prevention and control best practice guidelines.

A policy will be put in place relating to the Health and Safety, including Food Safety, of residents, staff, and visitors.

**Proposed Timescale:** 31/03/2014

**Theme:** Safe Care and Support

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

Bedpans were not stored in compliance with best practice guidelines.

**Action Required:**

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

Bedpans will be stored in compliance with Infection Control Guidelines.

A policy will be put in place relating to the Health and Safety, including Food Safety, of residents, staff, and visitors.

**Proposed Timescale:** 31/03/2014

**Theme:** Safe Care and Support

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

The health and safety policy and statement was not up to date and it did not identify the new person in charge as the responsible person.

**Action Required:**

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

A policy will be updated relating to the Health and Safety, including Food Safety, of residents, staff, and visitors, and will identify the new person in charge as the Responsible Person.

**Proposed Timescale:** 30/04/2014

**Theme:** Safe Care and Support

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

The temporary closure mechanism in sharps bins was not activated to mitigate against needle stick injuries and one sharps bin was overfull with items protruding.

**Action Required:**

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

All staff have been reminded to adhere to policy in relation to sharps bins. Ongoing monitoring will occur.

A policy will be put in place relating to the Health and Safety, including Food Safety, of residents, staff, and visitors.

**Proposed Timescale:** 20/02/2014



**Theme:** Safe Care and Support

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

While the nurses' station on the ground floor had key-pad access, the lock was faulty and it did not close securely enabling unauthorised access to an area which contained needle, syringes and a fridge with medications.

**Action Required:**

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

The door mechanism has been repaired.

A comprehensive written risk management policy will be put in place and implemented throughout the designated centre.

**Proposed Timescale:** 31/03/2014

#### **Outcome 08: Medication Management**

**Theme:** Safe Care and Support

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

While there was a centre specific procedure for PRN (as required) medication prescribing, administration and review, the maximum dosage for PRN medication was not in place in the prescription charts seen.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

The Medical Officers have been reminded to include maximum PRN dose on prescriptions. Ongoing monitoring will occur.

**Proposed Timescale:** 20/02/2014

**Theme:** Safe Care and Support

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

Nurses were unable to document in the controlled drug book if medication was discarded and if this was witnessed.

**Action Required:**

Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

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

The controlled drug book will be revised to ensure that nurses can document the discarding of medication and witnessing of same.

**Proposed Timescale:** 30/04/2014

**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:**

Multi-occupancy rooms impeded the privacy, dignity and autonomy of residents.

**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:**

The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue.

**Proposed Timescale:** 20/02/2014

**Theme:** Effective Care and Support

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

Some multi-occupancy wards could only be accessed through other multi-occupancy wards.

**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:**

The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue.

**Proposed Timescale:** 20/02/2014

**Theme:** Effective Care and Support

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

There was inadequate sitting, dining and recreational space provided for 40 residents.

**Action Required:**

Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.

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

The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue.

**Proposed Timescale:** 20/02/2014

**Theme:** Effective Care and Support

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

There was inadequate storage space for equipment as cleaning equipment was inappropriately stored in sluice sinks and sluice rooms.

**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:**

The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue.

**Proposed Timescale:** 20/02/2014

**Theme:** Effective Care and Support

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

Some residents' wardrobes were inadequate to meet their storage needs.

**Action Required:**

Under Regulation 19 (3) (m) you are required to: Provide suitable storage facilities for the use of each resident.

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

Given that the wardrobe space at the bed site is limited and challenging for some residents, there is a central storage facility provided.

The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue.

**Proposed Timescale:** 20/02/2014

**Outcome 18: Suitable Staffing**

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Cognisant of the size and layout of the centre, the inspector queried if the staffing skill-mix throughout the day was adequate to meet the assessed needs of residents as the roles and responsibilities of multi-task attendants changed throughout the day resulting in a depletion of care staff in the afternoon as the duties of multi-task attendants changed from care duties to cleaning duties.

**Action Required:**

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

Work is currently underway to review the current staffing resource available at the hospital to ensure the needs of the residents are met in an appropriate way and through an appropriate use of skill mix. Recruitment is currently underway for some additional support staff.

**Proposed Timescale:** 31/05/2014

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was limited time allocated for cleaning duties on a daily basis.

**Action Required:**

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

Work is currently underway to review the current staffing resource available at the hospital to ensure the needs of the residents and the cleaning requirement of the hospital is met in an appropriate way and through an appropriate use of skill mix. Recruitment is currently underway for some additional support staff.

**Proposed Timescale:** 31/05/2014