Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St Finbarr's Hospital
Centre ID:	OSV-0000580
Centre address:	Douglas Road, Cork.
Telephone number:	021 496 6555
Email address:	Catherine.Ryan8@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patrick Ryan
Lead inspector:	John Greaney
Support inspector(s):	Liam Strahan; Mairead Harrington; Mary O'Mahony
Type of inspection	Unannounced
Number of residents on the date of inspection:	88
Number of vacancies on the date of inspection:	1

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 judgments 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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
15 October 2015 08:00	15 October 2015 18:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major

Summary of findings from this inspection

St. Finbarr's Hospital, comprises five units within large institutional type buildings with accommodation for 89 residents and is situated in Cork city. The premises was built in the late 19th century on extensive grounds and is proximal to other services such as rehabilitation, dental, mental health, blood transfusion and Health Service Executive (HSE) administration offices which are located on the same campus. Three of the units are on the ground floor and two are on the first floor, however, the units are not adjacent to each other but are situated at various locations throughout the grounds.

This inspection was carried out in response to information received by the Authority alleging two incidents of abuse by staff. Initially, following receipt of the information, the Authority requested the provider to conduct an investigation into the allegations and submit a report of the findings to the Authority. The providers' findings indicated that one allegation warranted further investigation and would be managed through the disciplinary process. This incident occurred in September 2014, however, senior management were unaware of the incident until it was brought to their attention by the Authority. Senior management were aware of the second incident, which occurred in July 2015, and had already conducted an investigation, which found that the second allegation could not be substantiated. The report of the investigation submitted by the provider to the Authority lacked adequate detail to support the findings made. A meeting was scheduled and warning letter was issued expressing concern in relation to the centre's compliance with regulations and standards.

During the course of this inspection, which was conducted over one day, inspectors met with a number of residents, relatives and staff members. Inspectors observed practices and reviewed records such as accidents and incidents, complaints records, nursing care plans, medical records, policies and procedures, and a sample of personnel files.

Overall inspectors were satisfied that safeguarding practices had improved since the last inspection. A protocol for managing unexplained bruising had been developed, and while it had not yet been implemented, records indicated that staff had an increased awareness of bruising as a potential sign of abuse and all incidents of bruising were investigated.

There were no substantial changes to the premises since the previous inspection in May 2015. Residents were predominantly accommodated in multi-occupancy bedrooms, some of which had three, five and six beds. The residents' beds in the dormitories were close together and did not support residents' privacy and dignity. In addition to unsuitable sleeping accommodation communal and dining space was also unsuitable. For example, there were no separate dining facilities in some of the units and communal space comprised a living/dining room combined that was not of sufficient size for the number of residents living in the centre. There was also inadequate storage space, including suitable storage for residents' personal belongings and storage for equipment.

Additional required improvements included:
• there was no annual review of the quality and safety of care
• there was no overall review of accidents and incidents as an opportunity for learning
• the risk management policy did not comply with the Regulations
• notifications were not always submitted as required by the Regulations.

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
There was a clearly defined management structure. There was a new person in charge appointed since the last inspection in May 2015. The person in charge reported to the provider nominee. The person in charge was supported in her role by an assistant director of nursing (ADON) and two clinical nurse manager 3 (CNM 3). The person in charge was not present in the centre on the day of inspection.

There was a programme of audits that were usually carried out by the practice development team. The programme included audits of medication management, care plans and an observational audit conducted in each unit monitoring issues such as the environment, communication, privacy and dignity, and team effectiveness. There was, however, no review of accidents and incidents to identify trends as an opportunity for learning, and, similar to the finding of the last inspection there was no annual review of the quality and safety of care. The most recent residents meeting was in April 2015. A residents' meeting had been scheduled for August 2015 but was cancelled.

A staff appraisal system had been introduced since the last inspection and was in the process of being rolled out to all care staff.

Judgment:
Non Compliant - Moderate

Outcome 07: 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. Residents are provided with support that promotes a

positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
This inspection was carried out in response to safeguarding concerns identified during the last inspection in May 2015, which were reinforced by information received by the Authority subsequent to that inspection. The information provided to the Authority alleged that there were two incidents of abuse perpetrated by staff members on residents. Following receipt of the information, the Authority requested the provider to conduct an investigation into the allegations and submit a report of the findings to the Authority. The providers' findings indicated that one allegation warranted further investigation and would be managed through the disciplinary process. This incident occurred in September 2014, however, senior management were unaware of the incident until it was brought to their attention by the Authority. The disciplinary process was on-going during this inspection.

Senior management were aware of the second incident, which occurred in July 2015, and had already conducted an investigation, which found that this allegation was not substantiated. However, the report of the investigation submitted by the provider to the Authority lacked adequate detail to support the findings made. A provider meeting was held as part of an escalation process and a warning letter was issued to the provider at this meeting, which outlined the Authority's concern in relation to the centre's compliance with regulations and standards. Subsequent to this meeting a further, more comprehensive investigation was conducted, which also found that the allegation was unsubstantiated.

Overall inspectors found that progress had been made in relation to safeguarding practices. A programme of training had been completed and based on records viewed, all staff had up-to-date training in safeguarding residents from abuse. Staff members spoken with by inspectors were knowledgeable of what to do in the event of an allegation of abuse, however, one staff member spoken with by inspectors was reluctant to confirm if the policy for reporting allegations of abuse would be adhered to at all times. This was brought to the attention of management at the feedback meeting following the conclusion of the inspection. Where concerns were expressed by a staff member in relation to the performance of another staff members (agency staff), appropriate measures were taken to safeguard residents, however, a notification was not submitted to the Authority in relation to this incident as required by regulations. This action is addressed under Outcome 10, Notifications.

There was a policy in place for managing behaviour that challenges. Based on a sample of care plans reviewed, there was not always an adequate person-centred care plan in

place identifying the appropriate procedure for managing behaviour that challenges in individual residents. Only a small number of staff had received training in managing behaviour that challenges.

Inspectors reviewed the restraint register and found that only bedrails had been included in the register. Inspectors were informed that a procedure for capturing chemical restraints in the restraint register was in the process of being developed but this was not yet in place. Additionally, "wander alerts", electronic devices that automatically locked doors that were used to prevent residents at risk of absconding from leaving the premises, were also not included in the restraint register. While there were risk assessments done for the use of bedrails, inspectors were not satisfied that they adequately assessed all risks associated with the use of bedrails or guided staff to identify when the use of bedrails was contraindicated.

At the last inspection it was identified that there was an inadequate process for investigating unexplained bruising on residents. During this inspection a protocol for managing unexplained bruising was in draft format but was not yet implemented. However, inspectors found that bruising was being recorded by staff members, reported to management and investigated appropriately.

Judgment:
Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
There was an up-to-date risk management policy, however, it did not address all of the requirements specified in 26 (1) (c) of the regulations. There was an emergency plan that was updated since the last inspection to identify the safe placement of residents in the event of a prolonged evacuation.

There was a risk register identifying hazards and control measures in place to mitigate the risks identified that was reviewed and updated at regular intervals. There was a health and safety committee that held meetings every three months and the membership comprised a range of staff from various backgrounds, such as nursing, administration, catering, public health, maintenance, dental and fire safety. It was identified at the last inspection that procedures for investigating and learning from

accidents and incidents could be enhanced through an overall review of accidents and incidents to identify trends as an opportunity for learning. This had not be adequately addressed by the date of this inspection. Current practice involved the review of accidents/incidents forms by practice development on an individual basis and actions were then identified to minimise reoccurrence.

The environment was generally clean, however, as previously stated under Outcome 6, some parts required redecorating. There were adequate systems in place for the segregation and disposal of waste, including clinical waste. There were adequate procedures in place for infection prevention and control, such as hand washing facilities and hand hygiene gel dispensers located at suitable intervals throughout the centre. There were adequate supplies of aprons and gloves and inspectors observed appropriate usage.

Training records indicated that not all members of staff had received up-to-date training in safe manual handling practice.

Inspectors reviewed fire safety records that demonstrated the appropriate maintenance of fire safety equipment, fire alarm system and emergency lighting. There were adequate measures in place for reviewing fire safety through fire safety checks and fire exits were seen to be unobstructed on the days of inspection. There were records available of fire drills, however, they were infrequent and inspectors were satisfied that they were held at sufficiently frequent intervals given the dated design and layout of the premises and the dependency levels of residents. Additionally, not all members of staff had up-to-date training in fire safety. Fire safety procedures could be enhance by the development of personal emergency evacuation plans (PEEP) for residents.

Judgment:
Non Compliant - Moderate

Outcome 10: 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

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

Findings:
Records of accidents and incidents were maintained in the centre. While quarterly reports were submitted to the Authority, notifications did not include all forms of restraint such as automatic door locking devices chemical restraint. Additionally, as already discussed under Outcome 7, a notification of an allegation of abuse was not

submitted.

Judgment:
Non Compliant - Moderate

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
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, St. Joseph's 2, St. Stephen's, St Enda's and St Elizabeth's units. The buildings were constructed in the late 19th century and were institutional in appearance consistent with the style of that era. The standard of décor was generally adequate and the centre was clean throughout. However, this centre was identified as being in major-non-compliance with the regulations at the last inspection and this was also the case on this inspection. The paintwork remained damaged in some areas and the centre required redecorating, such as in St. Joseph's 2.

St. Enda's Unit, St Elizabeth's St. Joseph's 1 are all ground floor units while St. Joseph's 2 and St. Stephen's units are both on first floors with access by stairs and lifts. Bedroom accommodation in St. Stephen's Unit, St. Enda's Unit, and St Elizabeth's Unit was primarily in six-bedded multi-occupancy rooms with a small number of single and twin bedrooms. Bedroom accommodation in St Joseph's 1 and St. Joseph's 2 was primarily single, twin and triple bedrooms, all of which were en suite with toilet and wash hand basin. Inspectors observed staff members respect the privacy of residents as much as possible within the limitations placed on them by the design and layout of the premises while they were providing assistance with personal care. Staff were observed closing curtains or screens between beds. However, apart from St Joseph's units, the multi-occupancy bedrooms in the other units 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 at the entrance to the bedrooms, which did not allow for adequate manoeuvring space for the use of assistive equipment such as hoists. Inspectors were not satisfied that bedroom accommodation was suitable for residents living in the centre.

Communal space in all units comprised combined living/dining rooms that were not adequate in size for the number of residents living in the centre. In some of the units there were inadequate private areas apart from bedrooms to receive visitors in private and insufficient space for residents to spend some time alone should they wish to do so. In addition to the inadequate communal space, residents in St. Stephen's Unit, St. Enda's Unit, and St Elizabeth's Unit did not have access to secure outdoor space. While there was secure outdoor space located proximal to St. Joseph's 2, this was not readily accessible by residents.

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.

There was inadequate storage space for residents personal property and possessions. Each resident had been provided with a lockable metal box for storing valuables. As found on previous inspections, all residents did not have access to wardrobes and bedside lockers and some residents' clothing was stored in cupboards at the side of the bedroom away from residents' beds. Even though some residents had wardrobes they were not suitable in size to store an adequate amount of clothing.

There was inadequate storage space for equipment resulting in some equipment being stored inappropriately. For example, inspectors observed a hoist being stored in one toilet and linen skips were stored in another toilet causing an obstruction to the wash hand basin.

Apart from St. Joseph's units there was an insufficient number of lavatories for the number of residents living in the centre as there were only two toilets provided in each unit.

Records were available demonstrating the preventive maintenance of equipment such as hoists, speciality chairs and beds

Judgment:
Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	St Finbarr's Hospital
Centre ID:	OSV-0000580
Date of inspection:	15/10/2015
Date of response:	25/11/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no annual review of the quality and safety of care.

1. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8

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

of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
The quality and safety of care provided in SFH is monitored and audited as recommended in the regulations. An annual review of this process is currently being undertaken. The document is in draft format and due for completion by year end (31st December 2015).

Proposed Timescale: 31/12/2015

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Only a small number of staff had received training in managing behaviour that challenges.

2. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
Further training on managing behaviours that challenge is being organised for staff. Due to the large volume of staff that work in SFH, this training takes time to be organised and delivered. It anticipated that all staff will have completed training on behaviours that challenge by the 31st March 2016.

Proposed Timescale: 31/03/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required in relation to restraint practices, including:
• only bedrails had been included in the restraint register
• there was an inadequate process in place for assessing the risk associated with the use of restraint, including bedrails.

3. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
A new plan of care for assessing the risk associated with the use of bedrails as a restraint has been implemented in all wards. This represents a comprehensive process on which staff training has been given.
All forms of restraint are now being included in the restraint register to include chemical restraint and automatic door locking devices.

Proposed Timescale: 25/11/2015

Outcome 08: 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:
There was an up-to-date risk management policy, however, it did not address all of the requirements specified in 26 (1) (c) of the regulations.

4. Action Required:
Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

Please state the actions you have taken or are planning to take:
The current risk management policy is being reviewed to ensure it includes all of the requirements specified in 26 (1) (c) of the regulations. The final draft will be complete no later than the 31st January 2016.

Proposed Timescale: 31/01/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Procedures for investigating and learning from accidents and incidents could be enhanced through an overall review of accidents and incidents to identify trends as an opportunity for learning.

5. Action Required:
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
A local risk assessment group is currently being convened to retrospectively investigate

existing incident reports and identify trends as an opportunity for learning. This group will meet on a quarterly basis and will be required to issue a report on findings and disseminate the information for learning accordingly. It is envisaged that the first report will be made available no later than the 31st January 2016.

Proposed Timescale: 31/01/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all members of staff had received up-to-date training in fire safety.

6. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
Delivery of training to staff on Fire Safety, evacuation and emergency procedures is currently underway in SFH. All Staff will have received training no later than the 29th February 2016.

Proposed Timescale: 29/02/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were records available of fire drills, however, they were infrequent and inspectors were satisfied that they were held at sufficiently frequent intervals given the dated design and layout of the premises and the dependency levels of residents.

7. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Fire safety training records are currently being decentralised from Nursing Administration to ward level for ease of access and visibility. A record of fire evacuation drills will be documented at a minimum standard of 6 monthly intervals as required by

the regulations.

Proposed Timescale: 31/12/2015

Outcome 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While quarterly reports were submitted to the Authority, notifications did not include all forms of restraint such as automatic door locking devices or chemical restraint.

8. Action Required:
Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

Please state the actions you have taken or are planning to take:
Protocol and systems are currently being implemented to ensure all forms of restraint (inclusive of chemical restraint and automatic door locking devices) are captured in the quarterly reports which will be forwarded to HIQA.

Proposed Timescale: 01/12/2015

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A notification of an allegation of abuse was not submitted.

9. Action Required:
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:
All allegations of abuse are currently being submitted via NF 06 as per HIQA regulation.

Proposed Timescale: 25/11/2015

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:
The premises were not suitable, due to:
• multi-occupancy bedrooms that did not support residents' privacy and dignity
• inadequate communal space
• inadequate sanitary facilities
• inadequate storage space for residents personal property and possessions
• inadequate storage space for equipment
• inadequate secure outdoor space
• the paintwork was damaged in some areas of the premises.

10. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
It is the intention of the HSE to proceed to build a new 100 bed community Nursing unit in the grounds of the current Hospital to address all of the issues outlined above.
We are currently awaiting confirmation of funding from the capital plan announced by the government recently. Upon confirmation of same we furnish a timetable for the schedule of design and build process.

Proposed Timescale: