

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cobh Community Hospital
<b>Centre ID:</b>	OSV-0000558
<b>Centre address:</b>	Cobh, Cork.
<b>Telephone number:</b>	021 481 1345
<b>Email address:</b>	cobh_hospital@eircom.net
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Cobh Community Hospital
<b>Provider Nominee:</b>	Peter Morehan
<b>Lead inspector:</b>	John Greaney
<b>Support inspector(s):</b>	Gemma O'Flynn;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	38
<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 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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
28 May 2014 08:40	28 May 2014 18:30
29 May 2014 07:30	29 May 2014 16:30

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 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the 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 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 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

Cobh Community Hospital was registered to provide accommodation for 38 residents. The centre was originally constructed in the early 20th Century and the design and layout of the premises is reflective of the period in which it was built.

Due to findings from recent inspections by the Authority, 12 residents were relocated to a purpose built 12-bedded adjoining unit, that forms the upper floor of a day centre. This unit can be accessed via a link corridor from the older part of the centre but also has its own separate entrance. On the days of inspection, which was carried out as part of a registration renewal application, 26 residents were accommodated in the older part of the centre in single, twin, triple and four-bedded rooms. The other

12 residents were accommodated in 12 single bedrooms in the new unit.

On this renewal application the provider had applied to be registered to accommodate 45 residents, an increase of 7 beds.

During the inspection, inspectors met with a number of residents, relatives and staff members. The inspectors observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files.

Overall the findings of this inspection indicated that residents received care to a good standard. However, many of the issues identified on previous inspections in relation to the suitability of the premises had not been adequately addressed. For example, the top floor of the premises was unoccupied on the days of inspection and the process of redecorating had just commenced. The walls were damaged and there were exposed electrical wires. The emergency exit from this section was via a narrow, uncovered, metal stairwell. A report from the Fire and Building Control department had outlined a schedule of works to be carried out to support compliance with fire safety in nursing homes, but it was not clear when this work would be completed.

A number of other improvements were required in areas such as contracts of care, records and documentation, risk management, medication management, quality improvement, care planning and staff training. These are discussed in more detail throughout this report. 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 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**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 2013 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

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

No actions were required from the previous inspection.

**Findings:**

There was a written Statement of Purpose that addressed most of the requirements of

the Regulations, however it did not adequately outline the procedure for making complaints. Additionally, the method of consulting residents in relation to the operation of the centre did not accurately reflect practice. For example, the Statement of Purpose states that the residents' committee hold meetings every two months and the minutes are circulated to residents, however, inspectors were informed that minutes of residents meetings are not recorded.

**Judgment:**

Non Compliant - Minor

***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

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

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed a sample of contracts of care and all were signed and dated, however not all were agreed within three months of admission as required by the regulations. The contract outlined the weekly fee payable, however there were different versions of the contract in use and not all outlined the care and welfare services provided and none of the contracts specified the fees for additional services.

**Judgment:**

Non Compliant - Moderate

***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

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was a registered nurse with the requisite experience in care of the older person. There was evidence of a commitment to continuing education as evidenced by completion of training programmes including falls prevention management, qualification as a Sonas licensed practitioner, working with the older adult,

clinical governance for nurses, and journey of care in residential settings.

There was evidence that the person in charge was actively involved in the day to day management of the service and there was an adequate reporting mechanism in place to support her in keeping up-to-date in relation to the care and welfare of residents.

**Judgment:**

Compliant

***Outcome 04: Records and documentation to be kept at a designated centre***

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspectors viewed records and documentation and found that a number of improvements were required.

The directory of residents was reviewed and was found to be up-to-date. However, the cause of death was not recorded for all residents, even in cases where a copy of the death certificate was available in the centre. The Resident's Guide contained all the required information and was available for review by residents and relatives, however, as outlined in Outcome 1, the Statement of Purpose did not meet the requirements of the regulations.

A copy of insurance was available in the centre, however, from the certificate available it was not possible for inspectors to determine if it included provision for accidental damage to residents' property. A record was maintained of all visitors to the centre.

As discussed under other relevant Outcomes in this report, other improvements required in relation to the management of records included:

- a record of all complaints made was not maintained
- a record of all accidents and incidents was not available for review by inspectors
- the safety statement was not reviewed annually as required
- there were inadequate nursing records of residents' condition and care provided to residents
- personnel records did not always contain a full employment history, including a

satisfactory explanation for any gaps in employment

- there was no centre specific policy in infection prevention and control
- records indicating what members of staff had received up-to-date training on issue such as manual handling and adult protection were not easily retrievable
- cleaning records were not always completed

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There was no period in excess of 28 days when the person in charge was absent from the centre. There were two clinical nurse managers employed in the centre, who worked on opposite shifts ensuring that one of them was on duty each day from Monday to Friday.

**Judgment:**

Compliant

**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

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

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

**Findings:**

There was an up-to-date policy on the prevention and management of abuse that provided adequate information on the various forms of abuse. Improvements were required, however, as the policy did not provide adequate guidance on what to do in the event of suspicions or allegations of abuse.

Residents spoken with by inspectors stated that they felt safe in the centre and were complimentary of the care provided. Staff members spoken with by inspectors were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse.

Based on a sample of records viewed by inspectors, there were adequate systems in place for the management of residents' finances and of transactions made for and on behalf of residents.

**Judgment:**

Non Compliant - Minor

***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

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

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

**Findings:**

There was a safety statement, however, it had not been reviewed annually as required. There was an up-to-date risk management policy that addressed the identification and assessment of risks and the controls in place. However, it did not address all the requirements of the regulations. For example, the policy did not adequately address the management of, and the controls in place to mitigate against, assault, self harm, accidental injury or aggression and violence.

There were records in place supporting the ongoing assessment and management of risk including a walk-around to identify hazards. However, the process of hazard identification required further development to ensure that all hazards were identified, for example, inappropriately wedging fire doors open. Not all risks relevant to the centre were identified such as the risk of outbreak of disease, the risks associated with manual handling and the use of specific equipment.

A record was maintained of accidents and incidents which predominantly consisted of falls. However, based on a review of residents' records, one resident had a near miss involving the hoist, but this incident record was not available on the days of inspection. A report was compiled at the end of each quarter summarising incidents, which were reviewed by a health and safety committee, however, there was not an adequate audit of accidents and incidents to support learning and minimise recurrence.

There was an emergency plan that addressed emergencies such as loss of power, loss of water, loss of kitchen facilities and alternative accommodation in the event of a prolonged evacuation. However, no consideration had been given to the transport that



would be required in the event of a mass evacuation. There were adequate measures in place for the prevention of accidents such as safe floor covering, window restrictors and handrails/grab-rails in suitable locations throughout the centre.

The smoking room had been decommissioned since the last inspection and there was one resident that smoked. The resident usually smoked on the balcony, however, there was no risk assessment of the resident's suitability to smoke independently or of the safe level of access to cigarettes/lighter.

There was a Health Service Executive guidance document on infection prevention and control, however there was no centre-specific policy on infection control available in the centre on the days of inspection. There were hand gel dispensers located throughout the centre and there was adequate signage illustrating good hand hygiene practices, however, not all bedrooms contained wash-hand basins. Staff members spoken with by inspectors were knowledgeable of what constituted an outbreak of infection and what to do in the event of an outbreak.

There were adequate procedures in place for the management of laundry and for the segregation of clean and dirty linen. There was a cleaning schedule and the centre appeared to be clean throughout, however, cleaning records were not always completed and parts of the centre were in need of repair. For example, some woodwork, such as door jambs and skirting boards were chipped and in need of repair/painting. The racking for bedpans/urinals were rusted making it difficult for them to be cleaned effectively.

There was fire safety equipment located throughout the centre. There was a fire safety register that indicated that the fire alarm was serviced quarterly, most recently in March 2014; fire extinguishers were serviced annually, most recently in April 2014; and emergency lighting was inspected three monthly, most recently in February 2014. Improvements were required, however, as:

- records indicated that a significant number of staff had not received up-to-date training in fire safety
- there were inadequate records maintained of fire drills
- the evacuation procedure on display did not adequately guide staff on what to do in the event of a fire
- some fire resisting doors were held open with wedges/chairs
- there was inadequate signage in the new wing to guide visitors to emergency exits

Fire drill sessions were held regularly and staff were given refresher information on the use of evacuation equipment and what to do in the event of a fire. However, fire drills on the whole were inadequate as they did not sufficiently test the response of staff to a perceived fire threat. The documentation of fire drills did not give an adequate recording to show learnings and improvements that could be applied to future fire drills and staff confirmed that in general, fire drills consisted purely of refresher information.

The provider had submitted certificates of substantial compliance with fire safety that was signed by a suitably qualified person. Records of an inspection by the Fire and Building Control Department viewed by inspectors indicated that significant improvements were required in order to comply with fire safety in nursing homes

recommendations. The person in charge stated that progress was being made in relation to the works identified, however, it was unclear if all parts of the building were compliant with fire safety requirements. For example, emergency exits from the upper floors was via uncovered external, metal escape stairs. Based on the information contained in the fire officer's report, inspectors were not satisfied that the emergency exits were a suitable alternative means of escape for dependant residents.

**Judgment:**

Non Compliant - Major

**Outcome 08: Medication Management**

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

**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:**

Inspectors observed medication administration practice and were satisfied that it complied with relevant professional guidance. Medications requiring special control measures were managed appropriately. There were appropriate procedures in place for the return of unused and out-of-date medicines.

There was an up-to-date medication management policy, however, improvements were required. The policy did not adequately address the prescribing of PRN (as required) medications; it did not accurately reflect current administration practice, such as nurses wearing high visibility vests on medication rounds; it did not address the management of residents that wish to self-administer medications; it does not address the administration of anti-coagulant medications, such as warfarin; and the policy does not adequately address medication transcription.

Records indicated that prescriptions were reviewed at least three-monthly and more frequently if required. Nurses spoken with by inspectors were knowledgeable of what to do in the event of a medication error. Records indicated that medication audits were carried out regularly, however, where improvements were required there was no associated action plan identifying who was responsible for ensuring that improvements were implemented or time frames within which actions should be completed. Based on a sample of prescription and administration records reviewed, all contained the required identifying information, however, where residents' medication was crushed this was not always prescribed.

**Judgment:**

Non Compliant - Minor

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<b>Outcome 09: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
<b>Theme:</b> Safe Care and Support
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> Inspectors viewed records of accidents and incidents, and based on records viewed, the Chief Inspector was notified of relevant accidents and incidents. As discussed in Outcome 7, not all records of accidents and incidents were available of the days of inspection.
<b>Judgment:</b> Non Compliant - Minor

<b>Outcome 10: Reviewing and improving the quality and safety of care</b> <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</i>
<b>Theme:</b> Effective Care and Support
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> There was a system in place to review and monitor the safety and quality of care, however improvements were required. For example, as discussed in Outcome 8, audits of medication management practice identified required improvements but there was no associated action plan for implementing the improvements and it was not possible to determine if the improvements were implemented.  A safety audit carried out in April 2014 identified two issues to be addressed, namely the absence of signage in relation to smoking legislation and the absence of an asset register. However, non-compliances identified by inspectors on this inspection such as holding fire resisting doors open with wedges/chairs and inadequate staff training in fire safety were all deemed compliant in the audit.  Other audits completed included hand hygiene audits, environmental audits and a relative survey completed in January 2013. Overall inspectors were not satisfied that the

system for reviewing quality and safety was sufficiently robust in order to identify where improvements are required or to implement changes where deficits have been identified.

**Judgment:**

Non Compliant - Moderate

**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

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

No actions were required from the previous inspection.

**Findings:**

Residents had good access to general practitioner (GP) services, including out-of-hours, and were reviewed regularly.

Residents were comprehensively assessed on admission and at regular intervals thereafter using recognised evidence-based tools for issues such as dependency levels, falls risk assessment, pressure sore risk assessment and nutritional assessment. Care plans were developed following these assessments, however, not all issues identified were addressed in the care plans. For example, there was no care plan to address the management of pain for residents prescribed opioid analgesia and there was not always a care plan in place for residents diagnosed with depression. Where care plans were in place there were not always personalised and provided generic guidance rather than specific guidance. A new template for care plans had recently been introduced and many of the actions had been pre-populated with general guidance. For example, statements in care plans included "give assistance as required", "specialist cutlery or crockery, if required" or "mobilise according to level of mobility".

There was a record of daily care which was a check list to identify care provided each day, such as portion of meals consumed and personal hygiene activities. Where there were deviations from routine care, such as where a resident became unwell, a narrative note was recorded in the nursing record as this could not be adequately captured in the check list. However, this was not always completed, so it was not always possible to determine from nursing records the condition of, or care provided to, residents.

A number of residents had bed rails in place and there was evidence of risk assessment for the use of bed rails and safety checks when bed rails were in place. However, even

though there was a reference to the use of restraint in the policy on behavioural management, it was not adequate and there was no policy in place to guide practice on the use restraint, such as bed rails.

Residents had good access to allied health services such as speech and language therapy, occupational therapy, physiotherapy, dietetics and podiatry and there was evidence of review.

Residents had access to a range of activities that included knitting groups, bingo, boccia and a number of residents attended the day centre. There was a active organisation "Friends of Cobh Hospital" that also facilitated activities and supported residents to maintain links with the community.

**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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**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:**

Cobh Community Hospital provides residential, respite and palliative care and was registered to accommodate 38 residents. On the days of inspection there were 38 residents living in the centre. On this registration renewal application the provider had applied to be registered to accommodate 45 residents.

The older and main part of the hospital comprised three floors. The ground floor was split into two levels, 1A and 1B. The upper level, 1B, was accessed via a platform type lift or by a stairs consisting of six steps. Access to the first and second floors was via a full lift or by stairs, however, this lift does not provide access to the upper level (1B) of the ground floor.

Prior to this inspection, 12 residents were transferred from the main part of the hospital to the previously unoccupied first floor of the adjoining Park Road Day Centre in response to previous inspections by the Authority, which identified challenges to maintain the privacy and dignity of residents in large multi-occupancy rooms and inadequate communal space. Due to the transfer of the residents, multi-occupancy rooms in the main hospital were reduced from six beds to four beds and the top floor

was unoccupied on the days of the inspection.

On the days of inspection there were 11 bedrooms occupied in the main part of the hospital.

Occupied bedroom accommodation on the lower ground floor comprised two twin bedrooms, each with a wash-hand basin, however, when residents were sitting out in their chairs the wash-hand basins were inaccessible in both bedrooms. All bedroom accommodation on the upper level of the ground floor was occupied and comprised one four-bedded room and one single bedroom, both of which were en suite with shower, toilet and wash-hand basin. Occupied bedroom accommodation on the first floor comprised two four-bedded rooms, one three-bedded room, two twin bedrooms and two single bedrooms. Two of the twin bedrooms did not contain a wash-hand basin.

The top floor comprised one four-bedded room, which was en suite with shower, toilet and wash-hand basin and two twin bedrooms, each with a wash-hand basin. Other unoccupied accommodation included one double bedroom and two single bedrooms on the ground floor, however, the double and one of the single bedrooms did not contain a wash-hand basin.

There were five residents accommodated on the upper level of the ground floor that could be accessed by stairs or a platform lift. Four of these residents were accommodated in the multi-occupancy bedroom and access to this bedroom was via a safety gate that was usually secured with a combination lock. On one of the days of inspection, inspectors saw a staff member wheel a resident backwards, in an armchair with wheels, from the dining room back to the bedroom via the platform lift. This chair was not designed for transporting residents. Inspectors were not satisfied that this was an appropriate method of transporting the resident. Inspectors saw another resident with a mobility impairment climb the stairs in an unsteady and unsafe manner. Inspectors were not satisfied that the upper level of the ground floor was suitable for the residents accommodated there on the days of inspection.

There were two bathrooms on the ground floor, each containing a shower, toilet and wash-hand basin. There were three bathrooms on the first floor, each with shower, toilet and wash-hand basin, all of which were convenient to bedrooms. Other than the en suite in the twin bedded room on the top floor, there were no separate toilet or shower facilities on that floor for use by residents that may occupy the single bedrooms.

Communal accommodation comprised a sitting room/dining room on the first floor, a small oratory also on the first floor and a small dining room on the ground floor. Inspectors were not satisfied that there was adequate communal space to meet the needs of residents. There was a large secure garden to the rear of the building that was finished to a high standard, for residents and visitors to enjoy.

The centre was bright, warm and well ventilated, however, as identified on previous inspections, many parts of the centre were in need of redecoration. For example, wooden door frames were chipped, walls were in need of painting, there were exposed electrical wires in some of the unoccupied rooms and walls were damaged in other areas. There was no designated wash-hand basin in the laundry.

Records were maintained of preventive maintenance to equipment such as hoists, beds and the main lift. Preventive maintenance records for the platform lift were not available on the days of inspection. There was a functioning call bell system in place that was seen to be answered in a timely manner, however inspectors noted that the call bell was absent from the bedside of two residents that, for the most part, sat in chairs at their bedside.

Accommodation in the new section comprised 12 single bedrooms, four of which were en suite with shower, toilet and wash-hand basin; two of which were en suite with toilet and wash-hand basin and six had wash-hand basins. Communal accommodation on this section comprised a kitchen/dining room with direct access to a spacious balcony. There was also a conservatory.

**Judgment:**

Non Compliant - Major

***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

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

No actions were required from the previous inspection.

**Findings:**

Overall the complaints procedure required improvement as complaints were not managed in compliance with regulations. There was a complaints policy, however, it was not up-to-date as it had not been reviewed since March 2011. The complaints policy did not adequately identify who was responsible for managing complaints, the appeals process or the person responsible for ensuring that all complaints were appropriately responded to and did not include time frames for responding to complaints.

There was a notice on display informing residents, relatives and visitors of the complaints process, however, it did not accurately outline who was responsible for dealing with complaints or the appeals process.

Inspectors reviewed the complaints log. The log contained details of complaints, the action taken and the outcome, however this was not completed for all complaints. The last recorded complaint was June 2012, however, based on records viewed by inspectors, complaints had been made more recently but this had not been included in the complaints log. Inspectors were not satisfied that the complaints log was a true reflection of all complaints made.

**Judgment:**

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a policy on end of life, most recently reviewed in February 2013. Inspectors reviewed the records of two residents who had received end-of-life care and there was documented evidence that the residents had received regular medical reviews and more frequently as they approached end of life.

There was evidence of referral and review by specialist palliative care services. Nursing notes indicated that residents received individualised nursing care based on their assessed needs. There was evidence of ongoing pain assessment for residents being administered analgesia via a syringe driver. There was, however, no policy governing the use of a syringe driver and care plans did not always address the care for residents being administered medication in this manner.

Residents' religious and spiritual needs were respected and supported. Mass was held in the centre twice weekly and all religious denominations were facilitated. There was a small oratory in the centre and the inspector was informed that relatives were facilitated to remain overnight, if required. There was a single room designated as the palliative care for use by residents approaching end of life.

Training records indicated that a small number of staff had received training in end of life.

**Judgment:**

Non Compliant - Minor

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

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



No actions were required from the previous inspection.

**Findings:**

There was a policy on food and nutrition, most recently reviewed in February 2013. Residents received a nutritional assessment on admission, including weight, and at regular intervals thereafter. There was evidence of the use of food charts to monitor residents' intake where concerns were identified and evidence of referral and review by dietetics and speech and language therapy.

Residents were provided with food and drink at appropriate times and were offered choice at mealtimes. Inspectors were informed that a three week cycle menu had recently been introduced and residents were consulted regarding food preferences prior to its introduction, however, this was done informally and there were no records available in relation to the consultation process. Residents had access to fresh drinking water and hot drinks and snacks in between main meal times. Food was available in sufficient quantities and appeared to be nutritious. Catering staff spoken with by inspectors were knowledgeable of residents needs and there was an appropriate system in place to ensure catering staff were informed of any changes in residents' diets.

The kitchen was clean, well organised and appeared to be adequately stocked with food supplies. Catering staff were facilitated to attend food handling training, and records of training reviewed by inspectors were found to be up-to-date.

As stated in Outcome 12, there were inadequate communal facilities, including dining facilities, to allow all residents to eat in the dining room, should they wish to do so. All residents had their breakfasts in their bedrooms and there was no evidence of consultation in order to determine if this was residents' preferred option. Lunch and tea was served in the dining rooms, however a large number of residents remained in their bedrooms, and again it was not clear if this was due to lack of dining space or through residents' personal choice.

**Judgment:**

Non Compliant - Minor

***Outcome 16: Residents Rights, Dignity and Consultation***

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Inspectors met with two advocates who were part of an advocacy service that visited the centre every fortnight to meet with residents on an individual basis, should they wish to do so. The service also held group meetings with the residents every six weeks. No records were retained of the meetings in order to preserve the confidential nature of the service. Any issues raised were then addressed by the advocates with the person in charge.

The Statement of Purpose stated that residents' meetings were held every two months and that minutes would be recorded. The person in charge stated that these meetings were not held as the advocacy service facilitated consultation with residents, however, there were no records available to determine that issues raised by residents were addressed to their satisfaction.

There was a parlour in the main hospital to facilitate residents to meet with visitors in private, separate from their bedroom.

There was evidence of consultation with residents/relatives through a resident survey completed in January 2013 and there were nine responses. All of the responses were predominantly positive and where suggestions for improvements were made there was an associated comment from the person in charge indicating that the issue had been addressed.

The centre maintains excellent links with the local community. Residents had access to television, newspapers and information on local events.

**Judgment:**

Compliant

***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

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

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

**Findings:**

There was a "Patients Private Property" policy dated March 2011 and most recently reviewed in March 2013. The policy was generic and did not provide adequate guidance on the management of property and possessions. There were supporting policies on the management of petty cash and patient property accounts, however both were undated.

There were laundry facilities on site and adequate procedures in place for returning

residents' clothing following laundering. A record of residents' property was created on admission and records were retained of property that was returned to residents/relatives.

There were inadequate storage facilities in the bedrooms for residents' personal property, including inadequate lockable storage, in which to store their valuable. Many residents did not have bedside lockers.

**Judgment:**

Non Compliant - Minor

**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

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

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

**Findings:**

Duty rosters were maintained for all staff and were available for review. During the two days of inspection it was observed that the number and skill mix of staff working was appropriate to meet the needs of the current residents, however, the person in charges was asked to keep staffing levels under review as a large number of residents were assessed as being high dependant and many residents needed assistance with their meals.

There was a recruitment policy dated April 2011 and most recently reviewed in February 2013. A sample of personnel files were reviewed and not all contained three written references, including one from their most recent employer, and there were unaccounted gaps in the employment histories of some members of staff.

As discussed in Outcome 4, training records were not maintained in a manner to identify what members of staff had received up-to-date training. Based on records viewed by inspectors not all staff members had received up-to-date training on fire safety, manual handling and abuse. Records indicated that staff had attended additional training to support them provide evidence-based care on issues such as wound care, infection prevention and control, and palliative care.

Staff meetings were held regularly and minutes were available for review. Staff members spoken with by inspectors confirmed that they were facilitated to raise issues

of concern at these meetings.

**Judgment:**

Non Compliant - Moderate

**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:***

John Greaney  
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 report<sup>1</sup>

<b>Centre name:</b>	Cobh Community Hospital
<b>Centre ID:</b>	OSV-0000558
<b>Date of inspection:</b>	28/05/2014
<b>Date of response:</b>	08/07/2014

### 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 01: Statement of Purpose

**Theme:**

Leadership, Governance and Management

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

The statement of purpose did not accurately describe the complaints procedure or the arrangements for consultation with residents.

**Action Required:**

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

SOP updated to reflect appropriate complaints procedure and arrangements for consultation with residents

**Proposed Timescale:** 08/07/2014

**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:**

Not all contracts of care were agreed within one month of admission.

**Action Required:**

Under Regulation 28 (1) you are required to: Agree a contract with each resident within one month of admission to the designated centre.

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

There will not be total compliance for a period of time due to admissions dating back as far as 1974. Going forward, all contracts of care will be agreed within one month of admission.

**Proposed Timescale:** 08/07/2014

**Theme:**

Leadership, Governance and Management

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

Not all contracts of care outlined the care and welfare services provided and all contracts did not clearly set out the fees payable or fees for additional services.

**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:**

Fees payable for additional services will be clearly set out in contracts of care

**Proposed Timescale:** 08/07/2014

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**Outcome 04: Records and documentation to be kept at a designated centre****Theme:**

Leadership, Governance and Management

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

The cause of death was not recorded in the directory of residents for all deceased residents.

**Action Required:**

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

Cause of death will be recorded in the directory of residents for all deceased residents.

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**Proposed Timescale:** 08/07/2014**Theme:**

Leadership, Governance and Management

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

An adequate nursing record of the residents health and condition, and treatment given was not maintained for all residents.

**Action Required:**

Under Regulation 25 (1) (b) you are required to: Complete, and maintain in a safe and accessible place, an adequate nursing record of each residents health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

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

Increase level of nursing record to include documented issue resolved or follow-up action required and how/when facilitated.

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**Proposed Timescale:** 08/07/2014**Theme:**

Leadership, Governance and Management

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

From the insurance certificate available it was not possible for inspectors to determine if there was adequate insurance in place against loss or damage to residents' property.

**Action Required:**

Under Regulation 26 (2) you are required to: Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

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

Insurer has clarified that insurance is in place against loss or damage to the property of residents including liability

**Proposed Timescale:** 08/07/2014

**Outcome 06: Safeguarding and Safety****Theme:**

Safe Care and Support

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

The policy on the prevention and management of abuse did not provide adequate guidance on what to do in the event of suspicions or allegations of abuse.

**Action Required:**

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

Policy will be reviewed to include adequate guidance on what to do in the event of suspicions or allegations of abuse

**Proposed Timescale:** 31/07/2014

**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:**

The safety statement had not been reviewed annually as required.

**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:**

Safety Statement to be reviewed annually



**Proposed Timescale:** 08/07/2014

**Theme:**

Safe Care and Support

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

The risk management policy did not address all the requirements of the regulations. For example, the policy did not adequately address the management of, and the controls in place to mitigate against, assault, self harm, accidental injury or aggression and violence.

**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:**

The risk management policy to be adjusted to include the management of, and the controls in place to mitigate against assault, accidental injury, aggression and violence

**Proposed Timescale:** 31/07/2014

**Theme:**

Safe Care and Support

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

Risk managements practices required improvements, including:

- there was not an adequate audit of accidents and incidents to support learning and minimise recurrence.
- there was no risk assessment of residents' suitability to smoke independently or of the safe level of access to cigarettes/lighter.

**Action Required:**

Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

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

Follow up of audit of accidents and incidents and implement a plan that will support learning and minimise recurrence.

Risk assessment of residents' suitability to smoke independently and safe level of access to cigarettes and lighter to be completed.

Risk management policy to be reviewed and adjusted to include identification, recording and investigation and learning from serious or untoward incidents or adverse events involving residents.

**Proposed Timescale:** 31/07/2014

**Theme:**

Safe Care and Support

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

There was an emergency plan that addressed emergencies such as loss of power, loss of water, loss of kitchen facilities and alternative accommodation in the event of a prolonged evacuation, however, no consideration had been given to the transport that would be required in the event of a mass evacuation.

**Action Required:**

Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

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

List of transport available in event of mass evacuation clearly displayed in several areas around hospital.

**Proposed Timescale:** 08/07/2014

**Theme:**

Safe Care and Support

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

The process of hazard identification required further development to ensure that all hazards were identified, for example, inappropriate use of fire doors. Not all risks relevant to the centre were identified such as risk of outbreak of disease, manual handling and use of specific equipment.

**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:**

Comprehensive risk management policy to be implemented throughout the facility.

**Proposed Timescale:** 30/07/2014

**Theme:**

Safe Care and Support

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

Not all staff had received up-to-date training in manual handling.

**Action Required:**

Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

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

Moving and handling training is ongoing and continuous to ensure that all staff are up to date. Next training dates 26th June, 24/25th July

**Proposed Timescale:** 25/07/2014

**Theme:**

Safe Care and Support

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

Recommendations from the Fire and Building Control Department had not been fully addressed.

**Action Required:**

Under Regulation 32 (1) (c) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.

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

Adequate arrangements have been made for detecting, containing and extinguishing fires and review of fire precautions: Fire Training to include fire extinguisher training for all staff completed 24th June.

Maintenance and testing of fire equipment is up to date

Evacuation and safe placement of residents arranged with Cobh Community Centre Work on recommendations from Fire and Building Control Department is ongoing and in compliance with them. An inspection by Fire Dpt is scheduled for 27/06/2014.

In accordance with the Fire Authority, there will not be any residents living on the top floor and this negates the need for covered external stairs or extension of the outside landing. The external stairs from the Day Room are no longer considered an issue as they are not the main exit route.

**Proposed Timescale:** 08/07/2014

**Theme:**

Safe Care and Support

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

Records indicated that a significant number of staff had not received up-to-date training in fire safety.

**Action Required:**

Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

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

All staff to be up dated with fire safety training. This is being provided on a yearly basis and includes simulation and scenarios based on compartmentalisation of the building.

**Proposed Timescale:** 16/07/2014

**Theme:**

Safe Care and Support

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

There were inadequate records maintained of fire drills and fire drills on the whole were inadequate as they did not sufficiently test the response of staff to a perceived fire threat.

**Action Required:**

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

Additional in-house fire drills will continue on a strictly 6 monthly basis and will include a test of staff response to perceived fire threat.

**Proposed Timescale:** 31/07/2014

**Theme:**

Safe Care and Support

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

The evacuation procedure on display did not adequately guide staff on what to do in the event of a fire

**Action Required:**

Under Regulation 32 (3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

Evacuation procedure to be updated following installation of new fire doors.

**Proposed Timescale:** 31/07/2014

**Theme:**

Safe Care and Support

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

Some fire resisting doors were held open with wedges/chairs.

**Action Required:**

Under Regulation 32 (1) (c) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.

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

Wedges and chairs removed from fire resisting doors

**Proposed Timescale:** 08/07/2014

**Theme:**

Safe Care and Support

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

The emergency exit from upper floors was via uncovered external escape stairs. Based on the fire officers report, inspectors were not satisfied that the emergency exits were a suitable alternative means of escape for dependant residents.

**Action Required:**

Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

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

Provision of adequate means of escape in line with requirements of Fire Dpt.

**Proposed Timescale:** 31/07/2014

**Outcome 08: Medication Management**

**Theme:**

Safe Care and Support

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

Improvements required in medication management included:

- the medication management policy did not adequately address the prescribing of PRN (as required) medications; it did not accurately reflect current administration practice, such as nurses wearing high visibility vests on medication rounds; it did not address the

management of residents that wish to self-administer medications; it does not address the administration of anti-coagulant medications, such as warfarin; and the policy does not adequately address medication transcription

- residents' prescriptions did not always identify that medications should/could be crushed
- there were no action plans associated with medication audits when improvements were required.

**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:**

Appropriate and suitable practices, written operational policies related to ordering, storing, administering of medication to residents put in place. All staff to be familiar with updated policy and procedure.

**Proposed Timescale:** 31/07/2014

**Outcome 09: 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:**

Not all records of accidents and incidents occurring in the centre were available of the days of inspection.

**Action Required:**

Under Regulation 36 (1) you are required to: Maintain a record of all incidents occurring in the designated centre.

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

All records of accidents and incidents to be available at all times

**Proposed Timescale:** 08/07/2014

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

**Theme:**

Effective Care and Support

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

Overall inspectors were not satisfied that the system for reviewing quality and safety was sufficiently robust in order to identify where improvements are required or to

implement changes where deficits have been identified.

**Action Required:**

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

Implement a robust quality and safety review which will identify required improvements and implement change. An external organisation has been engaged to carry out a full individualised hazard analysis and risk assessment. Regular independent audits will be conducted by both staff and the external organisation.

**Proposed Timescale:** 31/07/2014

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective Care and Support

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

Many care plans were generic in nature and were not adequately personalised to guide practice for individual residents and did not always address all relevant care needs.

**Action Required:**

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

These new Care Plans are in development stage and work is progressing on increasing person centred element in order to have them totally individualised

**Proposed Timescale:** 31/07/2014

**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:**

On one of the days of inspection, inspectors saw a staff member wheel a resident backwards, in an armchair with wheels, from the dining room back to the bedroom via the platform lift. This chair was not designed for transporting residents. Inspectors saw another resident with a mobility impairment climb the stairs in an unsteady and unsafe manner. Inspectors were not satisfied that the upper level of the ground floor was suitable for the residents accommodated there on the days of inspection.

**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 resident with mobility impairment has agreed not to attempt steps without assistance from care staff.

Residents will not be pushed backwards in a chair

One resident who was considered a high risk of falls is no longer accommodated in the upper ground level ward. Profile of remaining residents will be under regular review to ensure their safety in Johns ward. Staff to maintain consistent regular checks of the ward whilst it is occupied.

**Proposed Timescale:** 08/07/2014

**Theme:**

Effective Care and Support

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

Not all bedrooms contained wash-hand basins.

**Action Required:**

Under Regulation 19 (7) (a) part 2 you are required to: Provide wash-hand basins in each bedroom and ensure a sufficient supply of piped hot and cold water, which incorporates thermostatic control valves or other suitable anti-scalding protection.

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

Ongoing works are providing thermostatic control and hand wash basins in all bedrooms

**Proposed Timescale:** 31/07/2014

**Theme:**

Effective Care and Support

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

There were inadequate shower and bath facilities:

- other than the en suite in the twin bedded room on the top floor, there were no separate toilet or shower facilities on that floor for use by residents that may occupy the single bedrooms
- there was no wash-hand basin in the laundry

**Action Required:**

Under Regulation 19 (3) (j) part 1 you are required to: Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply,



which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

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

Hand-wash basin to go into laundry.

Top floor will not be occupied by residents. It will be used for hairdresser, administration, oratory and family stay-over room.

**Proposed Timescale:** 31/07/2014

**Theme:**

Effective Care and Support

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

There was inadequate communal space to meet the needs of residents.

**Action Required:**

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

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

Planning approved for new communal room to be built at front area of hospital. This is currently going to tender.

**Proposed Timescale:** 31/12/2014

**Theme:**

Effective Care and Support

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

There was inadequate dining space to meet the needs of residents.

**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:**

Planning approved for new communal room to be built at front area of hospital. This is currently going to tender.

**Proposed Timescale:** 31/12/2014

**Theme:**

Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

Preventive maintenance records for the platform lift were not available on the days of inspection.

**Action Required:**

Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

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

Maintenance records to be made available

**Proposed Timescale:** 08/07/2014

**Theme:**

Effective Care and Support

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

There was a functioning call bell system in place that was seen to be answered in a timely manner, however inspectors noted that the call bell was absent from the bedside of two residents that, for the most part, sat in chairs at their bedside.

**Action Required:**

Under Regulation 19 (3) (n) you are required to: Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

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

Risk assessment indicated that the two residents are in danger of harming themselves with call bells due to advanced dementia and reduced cognitive ability. Alarm chair mats trialled with limited success. Staff designated to observe at 15 minute intervals.

**Proposed Timescale:** 08/07/2014

**Theme:**

Effective Care and Support

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

Wooden door frames were chipped, walls were in need of painting, there were exposed electrical wires in some of the unoccupied rooms and walls were damaged in other areas.

**Action Required:**

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

Ongoing painting and repair plan in operation

**Proposed Timescale:** 31/07/2014

**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 policy did not adequately identify who was responsible for managing complaints, the appeals process, the person responsible for ensuring that all complaints were appropriately responded to and did not include time frames for responding to complaints.

**Action Required:**

Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

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

Review complaints policy to meet regulation 39(1).

**Proposed Timescale:** 31/07/2014

**Theme:**

Person-centred care and support

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

There was a notice on display informing residents, relatives and visitors of the complaints process, however, it did not accurately outline who was responsible for dealing with complaints or the appeals process.

**Action Required:**

Under Regulation 39 (4) you are required to: Display the complaints procedure in a prominent position in the designated centre.

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

Notice adjusted to outline who is responsible for dealing with complaints and the appeals process.

**Proposed Timescale:** 08/07/2014

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

Inspectors were not satisfied that the complaints log was a true reflection of all complaints made.

**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:**

All complaints to be recorded detailing investigation, outcome and satisfaction.

**Proposed Timescale:** 08/07/2014

**Outcome 14: End of Life Care****Theme:**

Person-centred care and support

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

There was no policy governing the use of a syringe driver.

**Action Required:**

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

Policy to be put in place related to use of syringe driver

**Proposed Timescale:** 31/07/2014

**Outcome 16: Residents Rights, Dignity and Consultation****Theme:**

Person-centred care and support

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

Inspectors were informed that a three week cycle menu had recently been introduced and residents were consulted regarding food preferences prior to its introduction, however, this was done informally and there were no records available in relation to the consultation process.

**Action Required:**

Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

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

Consultation with residents re menu choice will be recorded.

**Proposed Timescale:** 08/07/2014

### **Outcome 17: Residents clothing and personal property and possessions**

**Theme:**

Person-centred care and support

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

There were inadequate storage facilities in the bedrooms for residents personal property, including inadequate lockable storage in which to store their valuable. Many residents did not have bedside lockers

**Action Required:**

Under Regulation 7 (3) you are required to: Provide adequate space for a reasonable number of each residents personal possessions and ensure that residents retain control over their personal possessions.

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

Bedside lockers (lockable) provided for all residents and wardrobes of appropriate size will be facilitated.

**Proposed Timescale:** 31/07/2014

**Theme:**

Person-centred care and support

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

The Patients Private Property policy was generic and did not provide adequate guidance on the management of property and possessions. There were supporting policies on the management of petty cash and patient property accounts, however both were undated.

**Action Required:**

Under Regulation 7 (1) you are required to: Put in place written operational policies and procedures relating to residents personal property and possessions.

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

Review of patient property policy to be centre specific and updated

**Proposed Timescale:** 31/07/2014

### **Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

**in the following respect:**

Based on records viewed by inspectors not all staff members had received up-to-date training on fire safety, manual handling and abuse.

**Action Required:**

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

All staff to be brought up to date on moving and handling, fire safety, and prevention of elder abuse training.

**Proposed Timescale:** 25/07/2014

**Theme:**

Workforce

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

A sample of personnel files were reviewed and not all contained three written references, including one from their most recent employer, and there were unaccounted gaps in the employment histories of some members of staff.

**Action Required:**

Under Regulation 18 (2) (a) and (b) you are required 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.

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

All personal files to be reviewed and updated

**Proposed Timescale:** 31/07/2014