

# eDeposit Ireland

## Macroom Community Hospital, Macroom, Cork.

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Macroom Community Hospital
<b>Centre ID:</b>	OSV-0000578
<b>Centre address:</b>	Macroom, Cork.
<b>Telephone number:</b>	026 20 600
<b>Email address:</b>	macroomch@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Patrick Ryan
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	Shane Grogan
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	36
<b>Number of vacancies on the date of inspection:</b>	2

## **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 to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 15 July 2015 08:45 To: 15 July 2015 17:20

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

Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This follow up inspection by the Health Information and Quality Authority (HIQA or the Authority) of Macroom Community Hospital was unannounced. Following the registration renewal inspection on the 12 and 13 November 2014 a number of non-compliances 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 were identified. The purpose of this inspection was to follow up on the actions taken by the provider to address these issues.

During the inspection, inspectors met with the person in charge, administration personnel, residents, relatives, nursing staff, the activity coordinator, kitchen staff and multi-task attendants. Inspectors observed care practices and reviewed documentation such as care plans, medical records, complaints log, policies, fire safety records, training records and staff files.

There was evidence of individual resident's needs being met and the staff supported residents to maintain their independence where possible. Inspectors found the

premises, fittings and equipment were in good repair overall. Family, friends and community involvement was encouraged and relatives, with whom inspectors spoke, confirmed this.

Inspectors found that a number of actions had been completed satisfactorily. For example training: notification of incidents: end of life care: documentation and staffing.

There continued to be significant failings as regards compliance with the Regulations on premises which were highlighted during previous inspections.

The action plan response from the previous inspection on premises remained unsatisfactory as there were no specific, costed, time bound plans submitted to the Authority, which would address the premises failings. The person in charge informed inspectors that a design team had been appointed to commence planning for future developments and email confirmation of this was supplied to the Authority at the time of inspection. However, funding and plans had yet to be made available for the improvements required.

**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 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was an experienced nurse manager and was actively involved in the day-to-day organisation and management of the service. Staff, residents and relatives all identified the person in charge as the person with the overall authority and responsibility for the delivery of care. She was found to be committed to providing person-centred care to residents and was employed full time. She demonstrated good insight into the responsibilities of her role in leading the care and welfare of residents . She was engaged in continuous professional development and was knowledgeable of the Regulations and the Standards for the sector. She held regular staff meetings and staff appraisals were ongoing. She demonstrated a responsive and proactive approach to Regulation.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Inspectors found that records required under the Regulations were maintained in the centre.

Inspectors viewed a selection of residents' care plans. Each care plan outlined the social and medical needs of the resident and recognised tools were used to assess the medical, physical and psychological needs of residents. There was evidence of input from, and assessments by, allied health professionals, where necessary.

Inspectors viewed a sample of staff files and found that these contained the required documents. The staff roster was viewed and inspectors noted that it correlated with the staffing levels which the person in charge had outlined.

The person in charge stated that discussions regarding end of life wishes had been initiated. She informed inspectors that contact had been made with a recognised specialist in this area and that the centre was involved in a project on advanced care planning with a higher education institution. A relative, with whom inspectors spoke, confirmed that staff had engaged in discussing end of life care wishes for her relative. Inspectors viewed relevant documentation in a sample of residents' care plans.

Training records were maintained in the centre. However, it was not clear from the records viewed by inspectors that all staff had been provided with appropriate training. This was addressed under Outcome 8: Health and safety and risk management. In addition, not all policies and procedures were reviewed at intervals of not less than three years as required by the Regulations. For example, the complaints policy, the restraint policy and the risk management policy required updating.

**Judgment:**

Substantially Compliant

***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):**

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

**Findings:**

Inspectors reviewed the centre's policy on the prevention of adult abuse and found that it outlined procedures for the prevention, detection and response to abuse. Staff had

received training in understanding adult abuse. Residents with whom inspectors spoke stated that they felt safe in the centre and spoke positively about the care they received from staff.

In a sample of care plans seen by inspectors it was noted that some residents had exhibited episodes of behaviours which challenge, as a symptom of their medical or psychological condition. Staff with whom inspectors spoke had received training in this aspect of care since the last inspection. Where lap belts, bed-rails and code alerts were in use for residents there was evidence of multidisciplinary (MDT) input in the sample of residents' files checked. Consent for the use of restraints had been signed by the resident where possible and by the resident's representative where this was not feasible.

Inspectors reviewed the measures that were in place to safeguard residents' money and noted that receipts were obtained and where possible residents' or their representatives' signature had been recorded. Inspectors were informed that the centre was a pension agent for a group of residents and that these records were maintained centrally by the HSE (Health Service Executive).

It was evident to inspectors that visitors were welcome in the centre and relatives informed inspectors that there was, generally, no restrictions on visiting. The person in charge and the clinical nurse manager (CNM) were present in the centre all day and regularly met residents and visitors. Inspectors observed staff engaging with residents in a respectful and attentive manner. Staff were observed knocking on bathroom doors prior to entering and utilising the screens available in the bedroom areas to preserve privacy, to the best of their ability, considering the space restrictions.

**Judgment:**

Compliant

***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:**

Inspectors noted that there were records of staff having completed fire training and evacuation drills. There were adequate precautions against the risk of fire and suitable policies in relation to residents who smoked. However, inspectors found that access to two fire extinguishers was blocked by large water containers. These were removed when this was highlighted to the person in charge.

The centre used the services of agency staff. However, an agency staff member spoken

with by inspectors had not received fire training even though the person had been working in the centre for eight months. The member of staff did, however, have an understanding of the fire procedures for the centre and had participated in a recent fire drill.

Inspectors reviewed the risk management policy and the risk register which had recently been updated. However, the risk management policy did not fully conform to the requirements of Regulation 26 and all risks in the centre had not been assessed such as: there was a sharps container for used needles stored on top of one resident's wardrobe. In addition, inspectors observed that a risk assessment had not been carried out following an incident involving intrusion by two members of the public, through an unlocked external door during the night earlier this year. The person in charge completed this risk assessment immediately following the inspection and this indicated to inspectors that adequate controls had been put in place to prevent a recurrence of the event.

**Judgment:**

Non Compliant - Moderate

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

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

**Findings:**

The person in charge stated that respite residents could retain their own pharmacist on admission. The centre had a pharmacist employed who was acceptable to residents and the person in charge said he was attentive to their needs. The statement of purpose was updated during the inspection to reflect the fact that a choice of pharmacist was available to all full time residents. The person in charge stated that an extra cost would be incurred for accessing the services of other pharmacists. However, inspectors found that not all medications had been signed as administered and there was an indecipherable signature on a sample of resident's medication administration sheet with no corresponding signature in the resident's file.

**Judgment:**

Substantially Compliant

***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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Inspectors viewed a record of incidents and events in the centre which had been notified to the Authority in line with Regulations.</p>
<p><b>Judgment:</b> Compliant</p>

***Outcome 11: Health and Social Care Needs***  
***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The centre had a comprehensive care planning process in place for each resident. Inspectors reviewed a selection of care plans and noted that information pertinent to each resident was included.

Inspectors observed that residents had access to regular general practitioner (GP) services and allied healthcare services including physiotherapy, dental, speech and language therapy (SALT), dietician, occupational therapy (OT), optician and chiropodist services. The person in charge informed inspectors that the GPs and the pharmacist were attentive to residents in the centre. Residents and their representatives spoken with by inspectors confirmed that there was good access to medical care. Geriatricians facilitated outpatient clinics in the centre, at intervals, to review residents' healthcare needs.

Residents' social care needs were facilitated by staff, friends and family involvement. Inspectors observed that a birthday party was being celebrated for one resident during the inspection. The resident's family had been supported to arrange for his favourite musician to attend the centre and the resident was heard singing along to favourite songs. The centre had a dedicated activity nurse who coordinated daily social events with obvious awareness of residents' needs and abilities.

In a sample of residents' care plans reviewed inspectors observed that a daily narrative note was being recorded, which was signed and dated by the nurse on duty, in accordance with relevant professional guidelines.

**Judgment:**

Compliant

***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:**

During this inspection inspectors found that the following actions had not been addressed:

The provider failed to provide appropriate bedroom space and appropriate use of communal space having regard to privacy and dignity of the residents.

The provider failed to provide adequate sluicing, laundry and storage facilities to support best practice in cross infection control.

The provider failed to ensure adequate private accommodation was provided for residents.

There was a lack of suitable provision for storage in the designated centre for residents possessions and equipment.

The external grounds were not suitable for or safe to use by residents.

As highlighted on previous inspections:

Residents lacked privacy to the extent that each resident was unable to undertake personal activities in private by ensuring that there were adequate bathroom and toilet facilities. Two groups of residents were accommodated in an 11 bedded arrangement, that was, the large multi-occupancy bedroom was divided into an eight bedded and three bedded area which were interlinked. Both of these groups of residents had access to two adjoining toilet areas each. 27 female residents had the use of one shared

shower and the use of an assisted bath. 11 male residents had the use of one shower and they also had access to the aforementioned shared assisted bath. Bedrooms in the centre consisted of ward type accommodation and there continued to be inadequate bedroom space, storage space or private accommodation to ensure privacy and dignity for residents and their visitors. A large group of residents had no wardrobes and their possessions were stored in large plastic containers. Inspectors opened cupboards at the end of the wards and saw plastic boxes within, with residents' names on each box.

The fire exit doors, which led directly into the bedrooms from the outside, were seen to be open on many occasions during the inspection. For some residents this arrangement potentially resulted in them being viewed lying in their beds from the outside car park. Inspectors were able to see staff talking to residents in their beds, when they arrived at the centre in the morning. Inspectors noted that the risk to residents' privacy and dignity had been assessed however and large mobile screens were in place at the doors throughout the rest of the day, to minimise these risks. Staff and residents expressed to inspectors that there was need to have the doors open on warm days as the multi-occupancy rooms were restrictive in space. The risk to residents' privacy and dignity was compromised also in relation to the lack of personal space for residents due to the size, design and layout of the multi-occupancy rooms.

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

Inspectors formed the view that sluice room facilities continued to be totally unsuitable and inadequate. In addition, these facilities were located in the same small room which housed the laundry facility. This area was in need of upgrading and repainting. Inspectors observed that commodes and clean laundry trollies were stored in an external 'perspex covered' area due to the storage constraints in the centre.

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

**Findings:**  
The centre did not have an up-to-date policy for the management of complaints. The complaints policy viewed by inspectors was last updated in 2006, it was not centre

specific and did not contain the name of a nominated person, as specified under Regulation 34(3) to ensure that all complaints were responded to and properly recorded. The HSE complaints procedure 'Your Service, Your Say' was displayed at the main entrance together with details of the nominated person to handle complaints at the centre.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

The centre had a policy on end of life care which indicated that every effort was made to ensure that residents received care at the end of life which respected their right to autonomy and dignity. There was evidence that residents had access to palliative care services. The advanced care wishes and preferences of residents were now being recorded and ascertained where appropriate. Training for staff was scheduled and as previously outlined the centre was chosen to be involved in a pilot study for the implementation of advanced care planning for residents who wished to participate.

**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:**

Inspectors found that there continued to be very limited and inadequate space for

clothing and personal belongings. Most residents had a small bedside locker and limited access to communal storage areas for storing and maintaining control over their own clothes and belongings. This failing was in contravention of Regulation 12.

Inspectors noted there was a centre-specific policy in relation to the management of residents' personal property, which had been reviewed by the person in charge in January 2013. This policy required staff to record residents' personal property on admission and ensure that such records were kept up-to-date. However, a sample of records of residents' possessions, viewed by inspectors, were not signed by staff or residents.

**Judgment:**

Non Compliant - Major

***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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

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

**Findings:**

Staff were able to articulate to inspectors the management structure and reporting relationships and confirmed that copies of both the Regulations and the Standards had been made available to them.

Inspectors viewed the training records for staff. Staff, spoken with by inspectors, were familiar with the training programme and confirmed with inspectors that training was available to them. However, inspectors addressed some failings in mandatory training under Outcome 8: Health and Safety and Risk Management.

Inspectors reviewed a selection of staff files and noted that the documents required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available.

**Judgment:**

Compliant

## **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:***

Mary O'Mahony  
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>	Macroon Community Hospital
<b>Centre ID:</b>	OSV-0000578
<b>Date of inspection:</b>	15/07/2015
<b>Date of response:</b>	17/08/2015

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

All relevant policies in the centre had not been reviewed at intervals not exceeding 3 years and had not all had been updated in accordance with best practice.

#### Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any

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

event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Policies and procedures will be reviewed and updated in accordance with best practice and regulatory requirements.

**Proposed Timescale:** 30/11/2015

**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:**

The risk management policy set out in Schedule 5 did not include hazard identification and assessment of risks throughout the designated centre.

For example:

- open external doors had not been risk assessed following an incident involving trespassing in January 2015
- fire extinguishers were occluded by water containers in one area
- a sharps box was noted on top of a locker of one resident
- there were continuing risks to the privacy and dignity of residents due to the location of toilet facilities
- the risk management policy did not comply with the requirements of Regulation 26(1)(c).

**Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

- Risk assessment completed on Intruder Policy and controls in place to prevent re-occurrence.
- Fire extinguishers no longer occlude and water containers have been moved.
- Sharps container removed and patient satisfied to request container when he needs it from safe secure location as per infection control policy.
- The awareness of the Privacy and dignity of all patients is a priority and is maintained at all times to the best of our ability.
- An addendum has been added to the Risk Assessment Policy indicating the controls that exist and mitigate the risks which the Regulation 26(1) (a) specifies in relation to (i)abuse;(ii)the unexplained absence of any resident;(iii)accidental injury to residents, visitors or staff; (iv) aggression and violence; (v) self-harm.

**Proposed Timescale:** 23/07/2015

**Theme:**

Safe care and support

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

A staff member spoken with by inspectors had not had centre specific fire training. However, the staff member displayed knowledge of what to do in the event of a fire and had been involved in fire evacuation drills.

**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:**

Fire Training is ongoing, last training session held on 10.06.2015 and a repeat is due on 20.08.2015 for yearly update for all staff.

**Proposed Timescale:** 20/08/2015

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

Inspectors were unable to determine if medications were administered as prescribed as some medication administration records had an indecipherable mark in the section reserved for staff signatures and in another case there was no signature present for medication administration.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All nursing staff informed on the written policy for signatures to be legible. To sign, date and retain all documentation recording the administration of each medicine in the patient's medication record, and to maintain a corresponding printed name to match initials.

This has been identified as a legal and professional responsibility and accountability with regard to medicines management evolving from professional regulation, as established by the Nurses Act 2011 and the NMBI statutory functions for standard setting and provision of guidance.

In addition, Person in Charge will renew & update HSELand Medication Management Programme for all nursing staff for 2015, and annually thereafter.

**Proposed Timescale:** 31/12/2015

### **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 of the designated centre was not appropriate to the number and needs of the residents of that centre. The areas of non-compliance are set out in the report.

**Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

A design team has been appointed and plans for the new development will be in place by December 2015. Planning will then be applied for and following a successful planning application the project will go to tender. Following a successful tendering process construction work will commence in mid – late 2016 with completion in July 2018.

**Proposed Timescale:** Awaiting design team

**Theme:**

Effective care and support

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

As required under Regulation 17(2), the premises provided did not conform to the matters set out in Schedule 6 as highlighted under Outcome 12, having regard to the needs of the residents of the designated centre.

**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:**

A design team has been appointed and plans for the new development will be in place by December 2015. Planning will then be applied for and following a successful planning application the project will go to tender. Following a successful tendering process construction work will commence in mid – late 2016 with completion in July 2018.

**Proposed Timescale:** Awaiting design team

### **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 provider had not provided a centre specific, accessible and effective complaints procedure which included an appeals procedure.

**Action Required:**

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

Macroon Community hospital has a reviewed and updated site specific Complaints Policy (2015) containing the name of the nominated person as specified under regulation 34 (1) and a notice is now on display at the entrance which includes the appeals procedure.

**Proposed Timescale:** 22/07/2015

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

**Theme:**

Person-centred care and support

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

Adequate space was not provided for each resident to store and maintain their clothes and other personal possessions.

**Action Required:**

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

As far as is reasonably practicable each resident has a locked locker/wardrobe for their own possessions and clothing. Awaiting new development to ensure adequate space.

**Proposed Timescale:** Awaiting design team

**Theme:**

Person-centred care and support

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

Items of residents' clothing, in shared wardrobes, were not labelled. This practice was inadequate to ensure that each resident could use and retain control over his or her clothes, as set out in the Regulations.

**Action Required:**

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

Residents' clothing are labelled on admission.

**Proposed Timescale:** 17/08/2015