

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	St Patrick's Hospital Cork Ltd.
<b>Centre ID:</b>	0582
<b>Centre address:</b>	Curraheen Road
	Curraheen
	Cork
<b>Telephone number:</b>	021-4501201
<b>Fax number:</b>	021-4501619
<b>Email address:</b>	info@stpatricksmarymount.ie
<b>Type of centre:</b>	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered providers:</b>	St Patrick's Hospital Cork Ltd
<b>Person in charge:</b>	Sarah McCloskey
<b>Date of inspection:</b>	2 August 2011 and 3 August 2011
<b>Time inspection took place:</b>	<b>Day-1: Start:</b> 14:30hrs <b>Completion:</b> 16:20hrs <b>Day-2: Start:</b> 09:40hrs <b>Completion:</b> 17:40hrs
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector:</b>	N/A
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

St Patrick's Hospital opened in September 1870 and has since provided a general hospital service to the population of Cork, caring mainly for people with cancer and tuberculosis. Today the centre provides long-term, respite care and intermediate palliative care facilities mainly for residents over the age of 65. As well as offering residential services for older people, there is a full palliative care programme on the campus in Marymount Hospice, a specialist unit established in 1982 and an education centre offering a range of educational programmes, which includes academic, continuing professional development and in-service education. Together these services make up St Patrick's Hospital (Cork) Ltd. The centre is registered for the care of 61 residents. There were 61 residents living there on the day of inspection.

The use of the current premises is due to cease and the service is to be transferred to a new purpose-built unit, which is to open in Waterfall road, Cork. The provider has applied for registration for this unit and plans are in place for a move in September 2011.

St Patrick's is a three-storey, purpose-built designated centre and is part of a large new hospital building that includes palliative care, an education centre and numerous related offices. All floors are accessed by a number of lifts and a number of sets of stairs. The designated centre for older people is made up of three wards/units that provide continuing care which are St Anne's Ward on the lower ground floor, St John's Ward on the ground floor, and St Camillus' Ward on the first floor. The palliative care services are in a separate block to the west of the continuing care wards with some shared clinical facilities for both services on the ground floor which include physiotherapy, hairdressing, podiatry, medical consultation rooms, occupational therapy and treatment rooms. The palliative care wards are on the first floor and second floor.

The continuing care wards are currently made up of 17 single rooms with en suite facilities of a toilet, wash-hand basin and shower. Two of these single rooms are isolation rooms and two are bariatric rooms which will provide larger beds and facilities to accommodate residents who have increased body mass index. There are currently two four-bedded rooms with full en suite facilities but one of these is to be converted completely to provide a sitting room and the other four-bedded room is to be used to accommodate respite residents. There is a small dining room and a small sitting/quiet room. Residents who smoke will be facilitated to use the covered in communal balcony areas, these areas have adequate ventilation. At the entrance to the wards is a nurses' station and bedroom areas are accommodated down two corridors which can be seen from the nurses' station. A large assisted bathroom with a Jacuzzi bath and a number of assisted toilets are provided for residents' use.

There is a well laid out activity department away from the ward areas with dining, sitting and therapy areas. Other communal areas provided for resident use include a central large modern oratory for use by all of the services and an additional prayer

room. High quality visitor’s overnight accommodation was provided in the case of relatives needing to stay overnight when there are end-of-life situations.

Seating areas are also to be provided at various points on the corridors and outside the ward areas.

There are gardens which are easily accessible from the wards and activities area which contain ample seating for the residents. There were walkways at the front of the building and seating for residents and relatives to enjoy the view of the countryside.

Large car parks are available to the front and side of the building.

**Location**

The current hospital is situated in a residential area on a hill in Cork city giving extensive views out over the city. It is close to shops, banks and local amenities and easily accessible using public transport.

The new centre is located on a green belt area in Waterfall road to the south west of the city. Providing views of the countryside, access is available on the public transport system.

<b>Date centre was first established:</b>	Existing Centre:1870 New centre: 2011
<b>Number of residents on the date of inspection</b>	Existing Centre: 61 New centre: Unoccupied
<b>Number of vacancies on the date of inspection</b>	Existing Centre: 0 New centre: Unoccupied

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	28	19	10	4

**Management structure**

St Patrick’s Hospital is a voluntary hospital governed by a Board of Directors. The Chief Executive Officer (CEO), Kevin Dwyer is the Registered Provider. The Person in Charge is Sarah McCloskey who is the Director of Nursing for the older person services and the palliative care services. She is supported in her role for the older person services by Kathleen Harte, Assistant Director of Nursing (ADON) and a team of Clinical Nurse Managers (CNM’s). A second assistant director of nursing has responsibility for the palliative care services but will also act up in the older persons services as required. Clinical Nurse Managers take charge of the centre at the weekends, with two further assistant directors of nursing taking charge at night time.

The Person in Charge reports to the CEO. There is also a team of management personnel that support the Provider and Person in Charge, which includes a Finance Manager and a Catering Manager, all who have a team of staff reporting to them. All nursing, healthcare assistants and ward-based catering staff report directly to the Clinical Nurse Manager of each ward to then report to their line manager accordingly.

<b>Staff designation</b>	<b>Person in Charge</b>	<b>Nurses</b>	<b>Care staff</b>	<b>Catering staff</b>	<b>Cleaning and laundry staff</b>	<b>Admin staff</b>	<b>Other staff</b>
<b>Number of staff on duty on day of inspection</b>	1	5	12	3	4	1	5***

\* Plus one assistant director of nursing (ADON), three CNM2s and one activities nurse

Note: There are a number of management, administrative, pharmacy, catering, maintenance, laundry and other staff that work for the overall hospital and part of their time would be allocated to the care of the older person facilities.

## Background

St Patrick's Hospital was first inspected by the Health Information and Quality Authority's Social Services Inspectorate on 1 September 2010. An advisory visit was undertaken on the new building at Curraheen in 2010 where an inspector met with the person in charge and was given a thorough tour of the building.

A registration inspection was carried out on 15 March 2011 and 16 March 2011. The inspection was divided between the current centre, St Patrick's Hospital in Wellington road, and the new centre in Curraheen. At that time the new building had not been handed over to the provider and a number of areas were not complete. A number of improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*, particularly related to the requirements for the improvement in

- the provision of adequate sitting and dining space for the residents in the new building
- the submission of the fit person entry programme as part of the registration inspection
- further work on some key documents related to risk assessments and health and safety statements
- staff files
- residents' involvement in their assessments and care planning
- the provision of mandatory training for all staff
- the provision of assessments and documentation on restraint
- provision of operational plans for the move to the new build.

The provider was required to complete an Action Plan to address areas where significant improvements and some improvements were required. The inspection report can be found at [www.hiqa.ie](http://www.hiqa.ie).

The chronology of the Authority's previous inspections is included at the end of this report.

This additional inspection report outlines the findings of a follow-up inspection that took place on 2 August 2011 and 3 August 2011. The inspection was announced and focused on the actions as outlined above where significant improvements and some improvements were required, outlined as points one to ten in this report.

## Summary of findings from this inspection

The follow-up inspection was divided between the current centre, St Patrick's Hospital in Wellington road, and the new centre in Curraheen and was facilitated in a helpful and welcoming way by the provider and the person in charge, assistant director of nursing, and all staff on duty. The inspector met with residents, the provider, the person in charge, the assistant director of nursing, the clinical nurse managers, the nurse planner and project team, practice development facilitator and other staff members. Records were examined including care plans, complaints log, accidents and incidents records, fire safety records, staff records including training records, policies and procedures.

The progress of the actions agreed with the provider to address the issues outlined in the report of 15 March 2011 and 16 March 2011 were reviewed and the inspector was particularly focused on the provision of communal space for residents, fire and risk assessments and induction for staff to the new building.

The inspector found that all of the actions outlined in the Action Plan had been addressed but they have not been fully completed, others were within their agreed timeframe for completion.

- improvements were seen in the provision of private visiting space but the four-bedded room on the three units had not yet been converted to day rooms.
- restraint usage had been reduced.
- the provision of mandatory training is being provided and is ongoing
- development of a more individualised care planning process is currently being trialled and is ongoing
- improvements were seen in information for staff files and this was ongoing
- development of risk management policies and procedures is ongoing
- medication and records storage and security has been addressed and completed.
- statement of purpose and function completed.

Overall the staff have made substantial improvements and were working towards the uncompleted actions.

The Action Plan at the end of this report identifies improvements that must be made 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*.

## Issues covered on inspection

As part of the registration process, the provider and person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The preparations for the move to the new building at Curraheen road was the main focus of the inspection to ensure the safety of residents and staff and to ensure the new building and the service was suitable for registration.

### Actions reviewed on inspection:

#### 1. Action required from previous inspection:

Provide adequate sitting, recreational and dining space separate to the residents' private accommodation.

Provide the Chief Inspector with a plan of mealtimes to facilitate all residents' use of the dining room.

Provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area, which is separate from the residents' own private rooms.

Partially Completed.

The inspector took a tour of the new building on day one of the follow up inspection and the project manager and nurse planner showed the inspector the plans for conversion of one of the four-bedded rooms on each floor to a day room which will provide a large day room measuring 90.7m<sup>2</sup> providing adequate day accommodation for 21 residents. There have been substantial delays with the building work and the building had not been handed over to the provider on time leading to delays in the conversion of the rooms. The provider informed the inspector that the work on the conversion of the rooms was planned to commence next week and be completed before 26 August 2011. The inspector stressed the urgency of this work if they still hoped to move on 17 September 2011.

The inspector was told by the person in charge and by the CNM2 that there is a plan to have two separate sittings at mealtimes to ensure all residents have access to the dining room. The inspector was given a plan detailing mealtimes and venues which had been agreed with the residents through the advocacy group and also the Meal Review Committee. This plan ensured all residents had choice in time and venue for their meals.

On the original plans discussed with the inspectors at the registration inspection, there was a small sitting room on each unit which was to be used as a smoking room. The inspector was informed that the smoking area has now been moved to a

more visible area on the covered balcony area's on each unit and that the rooms will now be used as a quiet/interview or visiting room which will allow residents to meet visitors in a suitable private area, which is separate from the residents' own private rooms. There will also be seating areas outside each ward allowing visitors the options of visiting their relative outside the ward area.

## **2. Action required from previous inspection:**

Residents' assessed needs are to be set out in an individual person-centred care plan developed and agreed with the resident and or his/her representative and other staff as appropriate.

Ensure there is a record of the medical, nursing and psychiatric condition of the person at the time of admission.

Partially Completed.

The inspector was shown a detailed new set of paper based assessment and care planning documentation that was on trial on the three units in the centre. The inspector saw a number of completed documentation sets for residents and found that the assessments and care plans were more detailed and focused on the needs, likes and dislikes of the residents. They included residents' life histories and a section called "My Day", "My Way" which detailed how residents liked to spend their day and issues that were of interest to them. Residents' involvement in the process was evident from the documentation. The inspector was informed by the CNM2 that the trail was going well but there were a number of issues they would change before they finalised the documentation and implemented it for all residents.

The documentation is now paper based and all records of the medical, nursing and psychiatric condition of the person at the time of admission is available.

## **3. Action required from previous inspection:**

The person in charge is to review the policy and practice and aim towards a restraint free environment for all residents. If restraint is to be used as a last resort the staff are to follow strict best practice guidelines and maintain a record of the nature of the restraint and its duration.

Ongoing.

A new restraint policy had been completed and training is to be provided to all staff. Full assessments for the need for enablers and restraint were seen in residents' notes and hourly checks on residents using bedrails were seen by the inspector. Bedrails were the only form of restraint being used in the centre and the person in charge and staff members told the inspector that they had substantially reduced the number of bedrails in use since the last inspection and were working towards further

reduction. The inspector reinforced that this further reduction was required in an aim towards a restraint free environment.

#### **4. Action required from previous inspection:**

Provide an adequate nursing record of the resident's health and condition and treatment given in accordance with any relevant professional guidelines.  
Provide a centre-specific policy on wound care to enable staff to provide care in accordance with contemporary evidence-based practice.

Completed.

A new draft wound care policy has been completed and was seen to be comprehensive by the inspector. The updated wound recording and treatment chart was seen by the inspector to provide detailed information on the wound and treatment and provided a scientific basis for measurement and assessment. Nursing staff who spoke to the inspector were knowledgeable about the policy and wound care prevention and treatment. The policy required finalisation and rolling out to all staff. Completed and signed consent for photographs was seen by the inspector to be in residents' notes.

#### **5. Action required from previous inspection:**

Ensure that the designated new centre has a comprehensive written risk management policy in place and that it is implemented throughout the new centre.

Ensure that the designated centre is adequately insured against accidents or injury to residents, staff or visitors.

Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

Provide to the Chief Inspector, together with the application for registration or renewal of registration the completed fit person entry programme.

Partially Completed.

A comprehensive risk assessment of the new centre had not been undertaken and the inspector identified a number of areas that required urgent attention and risk assessments completed on these included:

- doors leading to the balconies in residents bedrooms had a step up which could be a trip hazard and also difficult to get a wheelchair over, this was found to be the same in the patio doors from the activity area.
- the use of the balconies for residents

- there were glass tops on the lockers that were not secured down and therefore could be easily moved causing injury.
- other slip trip hazards were identified at the top of all stairways
- there were a large number of steps/outside stairways from the activity area to the ground/garden area which also did not have a risk assessment completed on same
- the garden area was not secured.

The inspector was shown an email saying the insurance cover was in place from the handing over of the centre on 30 May 2011 but the insurance policy and certification was not available for the inspector to view.

The provider had not furnished to the chief inspector written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

The completed fit person entry programme was furnished to the chief inspector and was found to be comprehensive and identified areas for improvement and the inspector found action had been taken on many of these areas.

#### **6. Action required from previous inspection:**

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Completed.

The statement of purpose for the new centre now contains all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

#### **7. Action required from previous inspection:**

Ensure that mandatory training is provided and that staff members have access to education and training to enable them to provide care in accordance with contemporary evidenced-based practice.

Make arrangements for all persons working in the designated centre to receive suitable training in fire prevention.

Partially completed.

The inspector spoke to the practice development coordinator who is responsible for coordination of training for the staff. The inspectors viewed training records which confirmed that numerous training days had taken place since the last inspection and a large number of staff has been updated in moving and handling, but there was still a number of staff who had not received updates for this mandatory training within the required timeframe. The person in charge informed the inspector that further training was planned for September 2011 and other dates in 2011 to ensure all staff were up to date in this training. Training on the use of the overhead hoist was mandatory for all staff moving to the new building and was part of the induction programme and this training had commenced.

Fire training in the new building has now being included the induction day for all staff.

**8. Action required from previous inspection:**

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

Provide to the Chief Inspector the training and induction plan for all staff who will be working in the new centre.

Partially complete.

The inspector was shown the plan for training and induction plan for all staff. The one day induction training for all staff moving to the new centre had commenced and included talks and demonstrations from representatives from the various companies and suppliers of new equipment including beds, overhead hoists, other hoists, specialist chairs, bathing equipment and the resident information systems.

Following the inspection it was agreed that fire, health and safety and certain policies such as missing persons should be included in the induction training. The first induction session took place on 5 August 2011 and it did include the fire training. Staff reported that this training was very beneficial and also enabled them to become more familiar with the building and the fire system.

**9. Action required from previous inspection:**

Provide written operational policies and procedures in accordance with current regulations that are made available to all staff.

A number of the policies will require review to be centre-specific to the new centre.

Partially completed.

The inspector saw that a number of new policies have been completed and a number have been updated and changed to be centre specific to the new centre while others

require completion. They continued to require implementation and review dates. A number of these policies will need to be included in the induction programme and ongoing training to ensure they are rolled out to all staff.

**10. Action required from previous inspection:**

Provide full and satisfactory information in relation to all staff in respect of matters identified in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) Schedule 2.

Partially completed.

There has been a substantial amount of work undertaken by Human Resource (HR) secretarial staff who completed an audit on all the staff files and sent off Garda Síochána vetting forms for all staff who had not received Garda Síochána vetting. Further references and medicals were requested.

The doctor responsible for occupational health attended the centre on a number of dates and undertook medical examinations on a large number of staff but a number of documents remained outstanding.

**Report compiled by:**

Caroline Connelly  
 Inspector of Social Services  
 Social Services Inspectorate  
 Health Information and Quality Authority

5 August 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
1 September 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Regulatory Monitoring <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
15 March 2011 and 16 March 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

## Provider's response to inspection report \*

<b>Centre:</b>	St Patrick's Hospital Cork Ltd.
<b>Centre ID:</b>	0582
<b>Date of inspection:</b>	2 August 2011 and 3 August 2011
<b>Date of response:</b>	15 August 2011

### Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, 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*.

#### 1. The provider has failed to comply with a regulatory requirement in the following respect:

There is not adequate communal space on each of the three wards to meet the needs of the residents, as currently there is no sitting/day room in any of the three ward areas.

#### Action required:

Provide adequate sitting space separate to the residents' private accommodation.

#### Reference:

Health Act 2007  
Regulation 19: Premises  
Standard 25: Physical Environment

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

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>A large room originally intended for a four-bedded bedroom is currently being converted to a spacious sitting room for residents on each of the three wards.</p> <p>Building works commenced 11 August 2011</p>	<p>26 August 2011</p>

<p><b>2.The provider has failed or is failing to comply with a regulatory requirement in the following respect:</b></p>	
<p>The inspector was shown a detailed new set of paper based assessment and care planning documentation that was on trial on the three units in the centre this was not finalised and implemented for all residents.</p>	
<p><b>Action required:</b></p>	
<p>Residents' assessed needs are to be set out in an individual person-centred care plan developed and agreed with the resident and or his/her representative and other staff as appropriate.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 8: Assessment and Care Plan  Standard 10: Assessment  Standard 11:The Resident's Care Plan</p>	
<b>Please state the actions you have taken or are planning to take with timescales</b>	<b>Timescale</b>
<p>Providers response:</p> <ul style="list-style-type: none"> <li>▪ trial underway of a newly designed person-centred care plan/ residents' documentation</li> <li>▪ meeting organised for finalisation of documentation on 21 August 2011</li> <li>▪ to transfer current records to new documentation/system by 1 September 2011</li> <li>▪ individual folders to be stored with individual residents from 17 September 2011.</li> </ul>	<p>17 September 2011</p>

**3. The provider has failed to comply with a regulatory requirement in the following respect:**

A number of documents were missing for the new centre that should be furnished to the Chief Inspector.

There was no comprehensive written risk management policy completed for the new centre.

Insurance cover was for the existing centre and not for the new centre.

A fire certificate was not provided for the new centre.

**Action required:**

Ensure that the designated new centre has a comprehensive written risk management policy in place and that it is implemented throughout the new centre.

**Action required:**

Ensure that the designated centre is adequately insured against accidents or injury to residents, staff or visitors.

**Action required:**

Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

**Reference:**

Health Act 2007  
Regulation 31: Risk Management Procedures  
Regulation 26: Insurance Cover  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety

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

**Timescale:**

Provider's response:

- independent full risk assessment carried out on 10 August 2011 by insurance brokers, with a report to be provided to the hospital by 17 August 2011. Risk policy will be revised to reflect the findings.
- insurance in place: copy of full insurance schedule sent to the Health Information and Quality Authority by registered post 12 August 2011

21 August 2011

<ul style="list-style-type: none"> <li>written confirmation on the Health Information and Quality Authority form provided was completed by a fire engineer, and returned by registered post on 12 August 2011.</li> </ul>	
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<p><b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Not all staff had received up to date mandatory training in moving and handling and fire training.</p>	
<p><b>Action required:</b></p> <p>Ensure that mandatory training is provided and that staff members have access to education and training to enable them to provide care in accordance with contemporary evidenced-based practice.</p>	
<p><b>Action required:</b></p> <p>Make arrangements for all persons working in the designated centre to receive suitable training in fire prevention.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 17: Training and Staff Development  Regulation 32: Fire Precautions and Records  Standard 24: Training and Supervision  Standard 26: Health and Safety</p>	
<p><b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <ul style="list-style-type: none"> <li>full audit of mandatory training will be carried out by the HR department</li> <li>mandatory training has commenced and all staff will have received it by 1 December 2011.</li> </ul>	<p>1 September 2011  1 December 2011</p>

<p><b>5. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Whilst the centre has a wide range of policies, procedures and guidelines available, many of these have been recently completed and some did not have commencement dates and review dates.</p>	
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A number of staff were not familiar with the policies and their content as they had not been rolled out to staff.

A number of the policies will require review to be centre-specific to the new build.

**Action required:**

Provide written operational policies and procedures in accordance with current regulations that are made available to all staff.

**Action required:**

A number of the policies will require review to be centre-specific to the new centre.

**Reference:**

- Health Act 2007
- Regulation 27: Operating Policies and Procedures
- Standard 13: Healthcare
- Standard 29: Management Systems

**Please state the actions you have taken or are planning to take with time scales**

**Timescale**

Provider's response:

- audit of policies to be undertaken by practice development to ensure they are signed, have a review date, and are centre-specific.
- new policies to be launched and training to be given by practice development/ relevant personnel
- all draft policies to be checked and signed off by relevant committees
- new centre-specific policies to be reviewed and launched

By 1 December 2011

By 1 October 2011

By 1 October 2011

By 17 September 2011

**6. The provider has failed to comply with a regulatory requirement in the following respect:**

A number of personnel files did not have copies of three references, evidence of Garda Síochána vetting documents, photographic identification or medical evidence of fitness to work.

**Action required:**

Provide full and satisfactory information in relation to all staff in respect of matters identified in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) Schedule 2.

**Reference:**

Health Act 2007  
Regulation 18: Recruitment  
Standard 22: Recruitment

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

## Provider's response:

- an audit of all personnel files has been completed. The majority of incomplete files were those of long-serving staff members who were recruited before three references, Garda Síochána vetting, medical examination and photographic identification became a routine requirement
- all outstanding documentation is being sought urgently.

1 October 2011

**Any comments the provider may wish to make:**

**Provider's response:**

The move to the new hospital is due to take place on 17 September 2011. The new building will enable St. Patrick's to be fully compliant with the *National Quality Standards for Residential Care Settings for Older People in Ireland*, something that would have been extremely difficult to achieve in the old hospital. Residents and staff have been familiarising themselves with the new accommodation, and all are very excited about the move. It will transform how services and care are delivered in our hospital, and we look forward to a new era in the history of St. Patrick's.

**Provider's name:** Kevin O'Dwyer

**Date:** 15 August 2011