

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Cobh Community Hospital
Centre ID:	0558
Centre address:	Cobh
	Co Cork
Telephone number:	021-4811345
Fax number:	021-4811686
Email address:	cobh.hospital@ireland.com
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Cobh Community Hospital Board of Managers
Person in charge:	Julie Dwyer
Date of inspection:	9 November 2011
Time inspection took place:	Start: 09:15hrs Completion: 14:15hrs
Lead inspector:	Caroline Connelly
Support inspector:	None
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<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

Cobh Community Hospital was first established as a hospital in 1908. It is a two-storey designated centre which provides residential and respite care mainly for older people. It accommodates 38 residents and there were 34 residents living there at the time of the inspection.

The accommodation is on three levels, (one level on the ground floor is split into two separate levels known as 1A and 1B. Access from 1A to 1B is by steep steps and a separate "platform type lift" is provided for wheelchair residents to get from one level to another. Access to the second floor is by stairs and full lift from ground floor (1A level); however, this lift does not access the six residents in St John's Ward which is on level 1B and they use a platform type lift to get to the ground floor.

There are 12 bedrooms in total. Four bedrooms are single; one has an en suite with shower, toilet and wash-hand basin facilities, while the other three have wash-hand basins in the room. There are three twin-bedded rooms, two three-bedded rooms, one four-bedded room and three six-bedded rooms.

There are five assisted showers with toilet and wash hand sinks and five separate toilet and wash-hand basin. These are placed in close proximity to bedrooms.

Communal accommodation includes a parlour and a smoking room on the ground floor, a recreation room and an oratory on the second floor. The recreation room doubles up as a dining room for a number of residents other residents were observed to part-take of their meals in their rooms at their bedside.

There are day care facilities adjacent to the centre that is accessed from the centre via a connecting corridor. The person in charge stated that a small number of residents use the facility on a weekly basis.

There are limited car parking facilities available in the car park to the front of the hospital.

Location

Cobh Community Hospital is situated within the town of Cobh, close to shops, banks, the post office, and other amenities. It is approximately 15 miles from Cork City.

Date centre was first established:			1908	
Number of residents on the date of inspection:			34	
Number of vacancies on the date of inspection:			4	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	11	12	6	5

Management structure

Cobh Community Hospital is a voluntary hospital governed by a Board of Management. The Chairperson of the Board and named Provider is Dr Peter Morehan. The Person in Charge is Julie Dwyer who is the Director of Nursing she is supported in her role by the Clinical Nurse Manager 2 (CNM2) Eileen O’Keeffe and a team of nursing and multi-task attendants.

The Person in Charge reports to the Board of Management and all nursing, multi-task attendants, laundry, cook, clerical, and maintenance staff report to their line manager who in turn report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1 plus 1 CNM2	3	4	3	1	1	1*

* Maintenance

Background

Cobh Community Hospital was first inspected by the Health Information and Quality Authority's Social Services Inspectorate on 8 July 2010. A scheduled announced inspection took place on the 4 August 2010 which identified areas of good practice and areas where improvements were required particularly related to the requirements for the improvement of the building structure including the size and layout of rooms. Other issues included the provision of person-centred care plans, and improvements in current use of restraint.

These issues were assessed by inspectors on this registration inspection, carried out on 8 June 2011 and 9 June 2011 and were found to have generally been addressed but a number of improvements were ongoing to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. These improvements related to the requirements for the improvement of the environment, in particular the lack of dining and recreational space and the size and layout of rooms and the need for further risk assessments. The chronology of the Authority's previous inspections is included at the end of this report.

Registration was granted on the 17 September 2011.

This additional inspection report outlines the findings of a follow-up inspection that took place on 9 November 2011. The inspection was announced and focused on the action plan where improvements were required, outlined as points one to fifteen in this report.

Summary of findings from this inspection

The follow-up inspection was facilitated in a helpful and welcoming way by the person in charge, the CNM2 and all staff on duty. The inspector found the centre was warm and clean. There was plenty of activity taking place with residents getting up, having cups of tea and many residents generally moving around the centre. The progress of the actions agreed with the provider to address the issues outlined in the report of the 2011 were reviewed.

The inspectors found that the staff had completed 10 of the actions in their action plan and but five actions were ongoing. Issues addressed included:

- statement of purpose and function is complete
- contracts of care are in place
- staffing levels were increased at night
- it was clear from the duty roster who is in charge of the centre at all times
- systems are in place for reviewing the quality and safety of care.

- the complaints procedure now identified the board an independent appeals process
- the Resident's Guide was completed
- an emergency plan is now in place
- fire drills have taken place
- secure gardens are available for residents' use.

A number of improvements were ongoing and are required to be completed to comply with 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*. These are outlined in detail in the Action Plan at the end of this report.

These improvements include:

- staff required evidence of medical fitness in the staff records
- provision of dining, living and visiting facilities separate from private accommodation
- reduction of multi-occupancy accommodation to promote privacy of residents
- provision of restraint training
- provision of storage space
- provision of wash-hand basins in all bedrooms.

The inspector also identified on the day of inspection that the radiators in the day room were unguarded and it was not possible to hold one's hand against them for any length of time due to the surface temperature and this could present a risk of burning to residents.

Actions reviewed on inspection:

1. Action required from previous inspection:

Update the written statement of purpose to include a statement of 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).

Send a copy of the updated statement of purpose and function to the Chief Inspector.

Action completed:

The statement of purpose for the 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) and this was forwarded to the Chief Inspector.

2. Action required from previous inspection:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Action complete and ongoing:

The person in charge showed the inspector the system she had put in place for reviewing the quality and safety of care. A health and safety committee had been formed which includes the person in charge, the CNM2, the identified safety officer, two staff nurses, a care attendant and maintenance staff. Two members of the team attended health and safety training and are undertaking regular safety inspections of the building and undertaking risk assessments on a number of identified hazards. Two members of the committee also attended a three-day safe patient care seminar in September and were holding education and training sessions for all staff. The inspector viewed minutes of these meetings.

The person in charge had continued the process of gathering data on resident accidents and incidents for statistical and analytical purposes and the results of these audits were available and were discussed with staff to heighten awareness and identify trends. The inspector saw graphs identifying times and places of falls and incidents. It was shown that a number of falls were occurring during handover times and at times when less staff were around, this has been addressed by staff not taking breaks together and having staff staying on the floor during handover time.

The inspector saw that further audits on medication management had taken place with results fed back to all staff, audits on hand hygiene and mealtimes have also been undertaken. The inspector was satisfied that the area of clinical risk audit, and review of the quality and safety of care was being addressed and the learning led to changes and improvements in practice as a result. This process is to continue and develop further.

3. Action required from previous inspection:

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

Action Complete:

The complaints procedure viewed by the inspector now identified the board as the contact for the independent appeals process and outlined the procedure to be followed.

4. Action required from previous inspection:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Action ongoing:

As discussed in action two, a health and safety committee has been formed and two members of the team attended health and safety training and are undertaking regular safety inspections of the building and undertaking risk assessments on a number of identified hazards. They have commenced the process of rolling out this training to all staff. This process is ongoing and requires further development to ensure all areas of risk are identified and covered in the risk policy.

5. Action required from previous inspection:

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.

Action completed and ongoing:

The inspector viewed records of a recent fire drill and trial activation of the emergency plan. It was coordinated by the emergency team leaders with 13 off duty team members responding and presenting themselves immediately to the hospital. During this drill the Evac chair, ski sheets and other emergency evacuation equipment were used and demonstrated. All staff felt it was a great success, further drills are planned for the near future.

6. Action required from previous inspection:

Develop an emergency plan which contains the requirements of the regulations.

Action Completed:

An emergency plan has been completed this was reviewed by the inspector and was found to contain the requirements of the regulations. The plan was trialled as discussed above and found to be successful.

7. 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.

Ongoing within the agreed timeframe:

The person in charge and another member of staff undertook the train the trainer course in restraint training in September 2011. The centre is now operating from the Health Service Executive (HSE) policy and guidelines from the department of health on restraint use. The person in charge has left the policy out for staff to read and discuss and told the inspector that a series of training sessions are to take place with all staff in the next number of weeks and will be completed by Christmas 2011. The person in charge told the inspector that the training made her more aware of the need for a full assessment and the need to have tried all alternatives before using any form of restraint. The only restraint that was in use in the centre were bedrails and the person in charge has purchased a number of mattress and chair alarms to aim to prevent the use of restraint and assist with the risk of falling.

8. Action required from previous inspection:

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

Submit to the Chief Inspector a plan of how dining space will be provided to residents in the future.

Ongoing:

Since the last inspection the day/recreation room is doubling up as a dining room for up to 12 residents at lunch time. The inspector saw residents enjoying their lunch in

the day room where one long table was set with condiments and appropriate cutlery. Residents who spoke to the inspector said it was great to come to the room for lunch. One resident said as she was in a room on her own she enjoyed the company and the chats she had over her meals. Other residents also confirmed their enjoyment of the new dining experience and said they preferred the long table to small tables as they all liked to sit together.

As there was only space for up to a dozen residents the rest of the residents had their meals in their rooms by their bedsides.

9. Action required from previous inspection:

Provide each resident or his/her representative with a contract of care detailing the services to be provided to the resident and the fees to be charged.

Completed:

New contracts of care had recently been implemented which were viewed by the inspector and were agreed within a month of new admissions and they stipulated the fee to be paid and what was included and excluded from that fee.

10. Action required from previous inspection:

Make suitable provision for storage in the centre, including suitable storage facilities for the use of residents.

Make available to the Chief Inspector an action plan outlining future planning regarding compliance of the physical environment 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*.

Ongoing:

The person in charge discussed with the inspector the plans to secure the use of one level of the adjoining Park Road Day Centre which is accessed by both lift and stairs from the main hospital building. Negotiations are currently ongoing and the plan is positive at this stage. The Day Centre was built with a corridor connection to the existing hospital building over ten years ago and the residential floor has never been used.

The floor is made up of 12 single bedrooms with en suite bathrooms in all except three bedrooms which have sink facilities only. There is a large bathroom opposite the rooms that are without en suite facilities. The area has a kitchen, dining room, day room, activities room, sluice, garden patio area and nurses' station. The facilities were viewed by the inspectors on 8 June 2011 and they agreed that the area is a major improvement on the large 6 bed wards currently in use and would be ideal for the intended purpose.

The person in charge has informed the inspector that following recent negotiations they have been given the go-ahead for occupation of the floor and hope to do so early in 2012.

The plan is to move residents from the main building to the extension so that work can commence immediately on the six bed wards to reduce them to two twin-bedded rooms. The three-bedded rooms are to become twin-bedded rooms. This will enable adequate space to be made available for storage and for storage of resident's belongings. The person in charge showed the inspector new wardrobe/lockers with lockable storage that she had commenced purchasing to ensure residents had adequate storage space.

11. Action required from previous inspection:

Ensure that an appropriately qualified registered nurse is in charge of the designated centre at all times and in the absence of the person in charge, and maintain a record to this effect.

Completed:

The person in charge and the CNM2 now appear on the off duty rota which was viewed by the inspector. It clearly identified who was in charge of the centre at all times including weekends evenings and nights on the rosters given to inspectors.

12. Action required from previous inspection:

Ensure staffing levels and skill-mix meets the needs of the residents and the size and layout of the designated centre.

Completed:

The person in charge told the inspector that she has increased the staffing levels at night by one care attendant working from 19:00 hours to 07:00 hours. This was confirmed by the off duty rotas and by members of staff. The inspector was satisfied that the staffing levels met the assessed needs of residents at night time, taking into consideration the size and layout of the centre on three levels but this needs to be kept under review with proposed changes to the environment and dependency levels of the residents.

13. Action required from previous inspection:

Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform and have three written references.

Ongoing:

All staff now have three references. The person in charge developed a medical declaration form which included the wording of the legislation and requested all staff to take to their general practitioner (GP) for medical certification for completion. The inspector saw that many staff had returned these completed but there were still a number of declarations outstanding.

14. Action required from previous inspection:

Provide adequate sitting, recreational and visiting facilities for residents separate from resident's private accommodation.

Make available to the Chief Inspector an action plan outlining future planning regarding compliance of the physical environment 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*.

Provide necessary sluicing facilities separate from shower room facilities.

Provide adequate wash-hand basin facilities for residents' bedrooms.

Take all reasonable measures to prevent accidents to any person in the centre and in the grounds of the centre and provide external grounds which are suitable and safe for use by residents.

Ongoing and some garden area complete:

A room, 'the parlour', has recently been opened and is used by residents and families for visiting purposes and is separate from resident's private accommodation. The oratory is also used as a private seated area for residents and is separate from their private accommodation.

As outlined above in action ten, the person in charge discussed with the inspector the plans to secure the use of one level of the adjoining Park Road Day Centre which is accessed by both lift and stairs from the main hospital building. This will provide plenty of communal space for the residents there. The plan is to move residents from the main building to the new unit so that work can commence immediately on the six bed wards to reduce them to two twin-bedded rooms. The three-bedded rooms are to become twin-bedded rooms and a new dining and day room will be completed. During the course of the upgrade sluicing facilities and wash-hand basins will be upgraded to meet regulations.

The sluice facilities were removed from the shower room and new bed plan washers were purchased and in current use.

The inspector toured the recently completed large sensory garden which provides a secure area situated to the rear of the hospital building. This garden has been completed to a very high standard and includes raised garden beds, pergola, tables and seats and figure of eight pathway to facilitate a continual walkway which

commences from an accessible side door from the main building. The garden has decorative fencing and provides a beautiful area for residents' relatives and staff to enjoy. The secure back garden is to be officially opened in November 2011 by the Minister for Health.

The front door is accessed by a switch and residents are accompanied by staff or family if they wish to use the frontal aspect seating.

15. Action required from previous inspection:

Produce a Resident's Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

Completed:

The Resident's Guide seen by the inspector now includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

Report compiled by:

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

11 November 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
8 July 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
4 August 2010	<input type="checkbox"/> Registration

	<input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
8 June 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 *

Centre:	Cobh Community Hospital
Centre ID:	0558
Date of inspection:	9 November 2011
Date of response:	7 December 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 or is failing to comply with a regulatory requirement in the following respect:

Training on restraint was required to ensure staff provided care in accordance with contemporary evidence-based practice.

Action required:

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

Reference:

Health Act 2007
Regulation 25: Medical Records
Regulation 17: Training and Staff Development
Standard 24: Training and Supervision
Standard 21: Responding to Behaviour that is Challenging

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Two nurses attended HSE training 29 September 2011. New national policy accessible so that all staff are familiar prior to rolling out the practical training. Training has commenced with two sessions completed over the last three weeks.</p>	<p>31 January 2012</p>

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was limited dining space for residents to enjoy their meal in the day room and the majority of residents were having their meals at their bedsides.</p>	
<p>Action required:</p> <p>Provide adequate dining space separate to the residents' private accommodation.</p>	
<p>Action required:</p> <p>Submit to the Chief Inspector a plan of how dining space will be provided to residents in the future.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Dining space can be increased in the day room but the work in progress is convincing the residents that it is preferable to have meals in the dining area instead of at the bedside. The residents have been having meals at the bedside for so long that it has become the norm and all staff are working hard to increase the numbers attending the dining area. The Supper Club in the refectory has become very popular and is to be increased to four nights instead of two.</p> <p>The issue is on the agenda for the resident's meeting on 21 December and it is hopeful that we will be able to convince them that the dining room experience is positive.</p>	<p>31 January 2012</p>

3. The provider is failing to comply with a regulatory requirement in the following respect:

Adequate storage was not provided as outlined below:

- residents were not provided with adequate personal storage space, and with lockable storage space in their rooms in which to store their valuables
- the size and layout of rooms occupied or used by residents were not suitable for their needs and the provision of adequate personal storage.

Action required:

Make suitable provision for storage in the centre, including suitable storage facilities for the use of residents.

Make available to the Chief Inspector an action plan outlining future planning regarding compliance of the physical environment 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*.

Reference:

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

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

Timescale:

Provider's response:

New wardrobes/lockers are currently being assembled and introduced to ward areas to ensure adequate, personal, lockable storage space.

30 December 2011

4. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

Not all staff personnel files had evidence of medical fitness and therefore do not meet all the criteria set out in Schedule 2 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

Reference: Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with time scales	Time scale
Provider's response: All staff have received the new medical forms.	29 February 2012

5. The provider is failing to comply with a regulatory requirement in the following respect:	
<p>The physical design and layout of the building was not suitable for purpose and did not allow for adequate private and communal accommodation:</p> <ul style="list-style-type: none"> ▪ there was a lack of provision of adequate sitting, recreational, and visiting space provided separately from the resident's private accommodation ▪ many of the bedrooms did not have wash-hand basins provided. 	
Action required:	
<p>Provide adequate sitting, recreational and visiting facilities for residents separate from resident's private accommodation.</p> <p>Make available to the Chief Inspector an action plan outlining future planning regarding compliance of the physical environment with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i>.</p>	
Action required:	
Provide adequate wash-hand basin facilities for residents' bedrooms.	
Reference: Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Regulation 19: Premises Standard 4: Privacy and Dignity Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>New hand washing basins will be factored into the plans for refurbishment and size reduction of wards which is planned for 2012.</p>	<p>30 November 2012</p>
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<p>6. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The inspector found that the radiators were unguarded and it was not possible to hold one's hand against them due to the surface temperature and they could present as a risk of burning to residents.</p>	
<p>Action required:</p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Covers to be built over radiators in day room.</p>	<p>31 December 2011</p>

Any comments the provider may wish to make:

Provider's response:

None received.

Provider's name: Cobh Community Hospital Board of Management represented by Dr Peter Morehan.

Date: 7 December 2011