



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St Finbarr's Hospital
Name of provider:	Health Service Executive
Address of centre:	Douglas Road, Cork
Type of inspection:	Unannounced
Date of inspection:	05 July 2022
Centre ID:	OSV-0000580
Fieldwork ID:	MON-0037382

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Finbarr's Hospital designated centre is situated in Cork city and is registered to accommodate 74 residents; 73 of whom are accommodated in five units within large institutional type buildings. The remaining resident is accommodated in a purpose-built room located in another unit, as it was more suitable for this resident's needs. The premises was originally built in the late 19th century on extensive grounds and is located on a campus which includes rehabilitation wards, transitional beds, dental, mental health, blood transfusion and Health Service Executive (HSE) administration offices, which are located on the same campus. The units which comprise the designated centre, are not adjacent to each other but are situated at various locations throughout the grounds. The majority of residents are accommodated in multi-occupancy bedrooms at a maximum of four beds. St. Stephen's Unit accommodates 15 residents in two four-bedded rooms, one twin bedroom and five single bedrooms. St. Elizabeth's Unit and St. Enda's Unit accommodates 25 residents. St. Joseph's 1 and St. Joseph's 2 are located in the one building, which is situated away from the main campus entrance. St. Joseph's 1 is on the ground floor and accommodates 16 residents. For operational purposes, this unit is divided into two units, with three beds being set aside in the Lotus unit for those with specific needs. St. Joseph's 2 is located on the first floor and accommodates 17 residents in six single, one twin and three triple bedrooms. Access to secure outdoor space is available to residents in St. Joseph's units.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	72
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 5 July 2022	09:05hrs to 15:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector spoke with four residents living in the centre. Feedback from residents living in this centre was very positive. Residents said that they were satisfied with the care provided and the standard of environmental hygiene. Residents said they were glad that visiting had resumed. The effect of the visiting restrictions during the earlier stages of the pandemic of COVID-19 were described by residents and visitors as difficult and isolating.

The inspector saw that staff were respectful and courteous towards residents. Staff were seen to be responsive and attentive without any delays with attending to residents' requests and needs. Volunteers had returned to the centre and residents were observed to be engaging in activities including bingo and singing.

Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared well decorated and clean. Multi-occupancy rooms were bright and spacious. However the décor in some areas of the centre was showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing painting and maintenance. Clinical hand wash basins had been installed for resident use within bedrooms. Sinks with a plug are recommended for residents to enable them to perform personal hygiene. Findings in this regard are further discussed under Regulation 27.

The units in the designated centre operated as distinct zones with minimal movement of staff between zones, to minimise the spread of the virus should it develop in one of the units. Each unit had a vacant single room that could be used for isolation purposes should residents show signs and symptoms of infection.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. Details of issues identified are set out under Regulation 27.

This centre was managed and owned by the Health Service Executive. The person in charge held the role of an assistant director of nursing (ADON) and had responsibility for the day-to-day operational management of the designated centre. The person in charge reported to a director of nursing who had overall responsibility for the campus, which included a transitional care unit that was not part of the designated centre.

The inspector found that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection. The infection prevention and control programme was overseen by an infection prevention and control committee. There was formalised and regular access to infection prevention and control specialists within the region. The provider had nominated a staff nurse, with the required training, to the role of infection prevention and control link practitioner. Hand hygiene champions had also been nominated in each unit to support hand hygiene training and promote effective hand hygiene practice within the centre.

Monthly monitoring of a minimum dataset of healthcare associated infection (HCAI), antimicrobial resistance (AMR) and antimicrobial consumption was undertaken through CHO 4. Monthly reports reviewed included a breakdown of infection rates and antimicrobial consumption. The most recent report showed low levels of both antibiotic use and healthcare associated infections relative to other centres within the region. This initiative provided ongoing assurance to management in relation to the quality and safety of services, in particular the burden of HCAI and AMR in the centre.

The provider also had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications, checklists and disposable cloths to reduce the chance of cross infection. Regular environmental hygiene audits were carried out by the cleaning supervisor. Audit tools were comprehensive and quality improvement plans were developed in response to audit findings.

The centre had a comprehensive infection prevention and control guideline which covered aspects of standard and transmission based precautions. A soft copy of this guideline was accessible to staff on each unit.

The inspector observed there were sufficient numbers of clinical and housekeeping staff to meet the infection prevention and control needs of the centre.

All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Practical hand hygiene and training in the use of personal protective equipment (PPE) was provided. However the inspector identified that the majority of infection prevention and control training was provided via e-learning. National guidelines advise that, while E learning is a useful addition to other education strategies, direct face-to-face training with opportunities for demonstration and questions is also recommended.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. Visits were encouraged and practical precautions were in place to manage any associated risks. The inspector was informed that visits continued to be scheduled to manage footfall within the multi-occupancy rooms.

The inspector identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. A range of safety engineered needles were available. Waste and used laundry was segregated in line with best practice guidelines. Ample supplies of PPE were available. Appropriate use of PPE was observed during the course of the inspection.

Care plans ensured that information about residents health-care associated infection status was accessible. However, further work was required to ensure that all resident files contained resident's current health-care associated infection status and history. The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections to support sharing of and access to information within and between services. However improved oversight was required to ensure that health-care associated infection status was consistently documented. Details of issues identified in care plans and transfer documentation are set out under Regulation 27.

Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection. Daily updates were circulated to nursing management and the infection prevention and control team.

A outbreak of COVID-19 was declared in one unit in February 2022. This was the first significant outbreak experienced by the designated centre since the beginning of the pandemic. The majority of residents in the affected unit tested positive for COVID-19 infection. While it may be impossible to prevent all outbreaks, the early identification and careful management of this outbreak had prevented the spread of infection to other units. All residents that had tested positive had since fully recovered. A formal review of the management of the January 2022 outbreak of COVID-19 to include lessons learned to ensure preparedness for any further outbreak was in progress on the day of the inspection.

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant.

For example:

- COVID-19 care plans required updating to align with the latest public health guidelines and to identify the residents nominated support person.
- The health-care associated infection status history and risk assessment had not been completed in four admission assessments reviewed.
- The multi-drug resistant organism (MDRO) status of one resident was not recorded on their transfer documentation. This meant that appropriate precautions may not have been in place when the resident was admitted to the acute hospital setting.

Equipment and the environment were not managed to minimise the risk of transmitting a healthcare-associated infection. This was evidenced by:

- Tubs of 70% alcohol wipes were inappropriately used in some areas for cleaning small items of equipment.
- Sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Substantially compliant

Compliance Plan for St Finbarr's Hospital OSV-0000580

Inspection ID: MON-0037382

Date of inspection: 05/07/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1) CKCH have updated the COVID-19 care plans “Care plan to support safe care during the COVID-19 Pandemic” in consultation with the IP&C Cork Kerry Community Healthcare on July 22nd 2022, to align with the latest public health guidelines and visiting guidance around COVID-19. 2) All residential care records will be reviewed and will document the resident’s current health-care associated infection status and history. 3) All Residential Care documents are to be reviewed to ensure that Healthcare associated Infection status is consistently documented. 4) Education and training will be provided to all staff in relation to the correct use of cleaning products in accordance with Infection Prevention and Control Guidance. This information will be relayed in the “Daily Safety Pause” for staff 5) SFH Cleaning Manual has been circulated to each unit for staff to read and update themselves 6) The Hand Hygiene Assessors and PPE lead on each unit will continue to provide practical face to face training at unit level. 7) Every resident will have a Wash Hand basin in their En-suite when the new 105 bedded Community Nursing Unit is built, this is due to commence in the third quarter of 2022. In the interim signs will be placed over the designated clinical hand-wash basins outlining that they are for hand-washing only. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2022