Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	29 January 2025
Centre ID:	OSV-0000580
Fieldwork ID:	MON-0037344

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 73 residents; they are accommodated in five units within large institutional type buildings. The premises was originally built in the late 19th century on extensive grounds and is located on a campus which includes other HSE services. 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:	73

How we inspect

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
Wednesday 29 January 2025	13:45hrs to 18:30hrs	Breeda Desmond	Lead
Thursday 30 January 2025	09:15hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

This was an unannounced two day inspection in St Finbarr's Hospital designated centre. The inspector spoke with residents in each of the five units throughout the inspection to gain their insights into living in the centre; and spoke to ten resident and three relatives in more detail. In general, residents said that they were satisfied with the care and service provided. One resident said they were 'very content' there and that staff were excellent. Relatives were happy with the care their relative received.

Resident accommodation comprised five separate residential units located within three buildings at various locations on the campus. St Finbarr's Hospital is a 19th century building and while refurbishment was visible, the layout of the units and facilities available created significant limitations to the ability to create a residential homely environment that could promote a rights-based approach to enable a social model of care. Residents spoken with were aware of the new build and said that updates were provided as part of the residents' meetings; updates and plans were also displayed on some of the units as part of information-sharing with residents and visitors.

The inspector walked around each unit from 5pm and saw that tea-time was finished and most residents were either in bed or by their bedside. The maximum number of residents in any day room at this time was three residents and there were no residents in some day rooms.

Some units were secure and required swipe access to enter. Fire safety precautions were displayed on each unit; these emergency evacuation floor plans had a point of reference and emergency exits; primary and secondary escape routes were not differentiated on these plans. The statement of purpose, information on advocacy services and the independent confidential recipient were displayed. Units had the 'consolidated' changes to the regulations displayed; the resident's guide was not displayed. Some units had a complaints' procedure displayed however it did not have the correct complaints officer detailed as the previous provider representative was named. While the activities programme was displayed in each unit, this was not a comprehensive reflection to inform residents of the activities available on a daily basis. Even though there was beautiful calligraphy on walls reminding staff that this was 'people's home and staff are guests' there, there was a significant amount of technical clinical information displayed throughout, such as sepsis and other infection algorithms, which would not be in keeping with a homely environment and did not enhance the environment for residents.

As found on all previous inspections, most bedrooms were multi-occupancy twin, triple and four-bedded rooms, some with en suite facilities. There were some bath, shower and toilet facilities throughout each unit, however, these facilities were limited on one unit. On another unit with 17 residents, one shower was out of action

as they were awaiting the bathroom to be re-floored so residents had access to just one shower for the two weeks prior to the inspection.

Some residents had access to double wardrobes, and others a single wardrobe, and a smaller single wardrobe was seen in other bedrooms; additional chest of drawers were available to some residents. Some wardrobes were not easily accessible in some bedrooms as they were a distance away and not within the individual resident bedspace. A bedside chair could not be accommodated in some multi-occupancy bedrooms. One bed was positioned with the headboard by the clinical handwash sink and was not cognisant of comfort or dignity. Communal space on all units was limited as communal rooms had combined function of dining and day rooms; these rooms were seen to comfortably accommodate a maximum of six - ten residents, even though the capacity of units ranged from 12 – 17.

The activities centre was located near St Enda's unit, and The Alzheimer's Café was hosted here on a monthly basis. Large family gatherings, parties and other events were held in this room as it could hold a large crowd, including art classes. There were no activities facilitated here during the inspection. Mass was live-screamed on the television on week days; mass was celebrated in the church on site every Sunday.

The activities person was seen to show residents how to make St. Brigid's crosses and residents were delighted to show their crosses to the inspector. There were lots of different activities seen on one unit with fun and craic between residents and staff, beauty treatments and hair up-styling. On another unit one of the staff held a karaoke session in the afternoon and residents and relatives were seen to have good fun.

At lunch time tables were laid with cutlery and glasses prior to residents coming for their meal. Menus were displayed to enable residents choose their preferred option. The inspector saw that residents had menu choice and positive feedback was given regarding the quality of food served. Meals were well presented and residents were offered gravy or sauce with their dinner. Assistance was offered to residents in a relaxed and respectful manner. Most residents were seen to have their meal either in bed or by there bedside, as described heretofore, dining space throughout the centre was completely inadequate to enable all residents have a dining room experience should they choose.

In general, the centre was seen to be visibly clean with a few exceptions. Some water outlets in hand-wash sinks were visibly unclean. A resident's medicated shower gel was seen in a communal shower tray. There continued to be a lot of COVID-19 precautionary signage displayed as well as excessive hand hygiene posters. There was no handwash sink in one sluice room.

Appropriate signage was displayed on doors with rooms where oxygen was stored or in use. Many rooms such as sluice rooms with clinical waste, household cleaners' rooms with cleaning chemicals were secure, however, and nurses' stations with confidential records, were unsecured.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations in this report.

Capacity and capability

This unannounced inspection was undertaken to inform the registration renewal application of St Finbarr's Hospital, and to follow up on the actions from the previous inspection. Following receipt of the application to renew registration of St Finbarr's Hospital, a further application was submitted to vary Condition 3 of registration and increase bed occupancy from 73 to 78 residents.

The inspector found that the governance and management structure, required by regulation, was clear. St Finbarr's Hospital is a residential care facility operated by the Health Services Executive (HSE), the registered provider. It is registered to accommodate 73 residents. The general manager for the CH04 area was the person designated to represent the registered provider. On site, the governance structure comprises the person in charge who reports into the director of nursing (DON). Deputising arrangements are in place for times when the person in charge is absent from the centre.

The assistant director of nursing (ADON) held the role of person in charge and has responsibility for the day-to-day operational management of the designated centre in compliance with legislation. Other managerial support includes CNMs3 on night duty; on each unit, management oversight comprises a clinical nurse manager 1 and 2 (CNM); a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff. The service is supported by a practice development co-ordinator who provides training on site.

On this inspection the inspector found that actions required from the previous inspection relating to nutrition risk assessments were implemented, aspects of anti-microbial stewardship, menu information displayed, and improvement in activities available to residents had been addressed or in the process of completion. On this inspection improvements were required in relation to the ongoing matters related to the premises, fire safety, infection prevention and control, statement of purpose, recording of complaints, the audit process and institutional practices. Evidence of these findings are discussed throughout the report under the relevant regulations.

The service was well resourced regarding staffing. The training matrix indicated that mandatory and other training was facilitated for staff appropriate to their various roles. Training relating to infection control, manual handling and lifting, and fire safety for example were scheduled and facilitated, however, some training was seen to be out-of date for some staff.

Clinical indicators were being monitored in areas such as wounds, pressure sores and dependency levels for example. While an annual schedule of audit was in place, these required review as issues identified on inspection were not included as part of the audit process; evidence of this is discussed throughout the report.

Three nurses had completed the link practitioner course regarding infection prevention and control, along with additional training with a microbiologist. While a daily record was maintained regarding multi-drug resistant organisms (MDROs), relevant staff spoken with were unfamiliar with this on one unit. In addition, MDROs were not a standing item on the agenda of the infection prevention and control meeting minutes as indicated in the national standards for infection prevention and control guidelines for community services and antimicrobial stewardship guidelines.

A certificate of insurance was evident with the necessary regulatory requirement. The statement of purpose and residents' guide required updated to include the information as listed in Schedule 1. The inspector found that records and additional documents required by Schedule 2, 3 and 4 of the regulations were available for review. A sample of volunteer files were reviewed and showed that they had been appropriately vetted in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. A review of the complaints procedure was required to ensure compliance; details of which are detailed under Regulation 34: Complaints.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of St Finbarr's Hospital. The specified documents were submitted and fees paid in accordance with regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was on leave at the time of inspection. The director of nursing (DON) deputised for the person in charge during this leave. The DON was knowledgeable regarding the operational management and day-to-day running of the service and actively engaged with the regulator. The person in charge had the necessary qualifications and management experience as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty roster and communication with residents, it was the found that the staffing levels at the time of inspection were adequate to meet the assessed needs of residents.

A member of staff was identified on the duty roster on a daily basis to provide activities on each unit when the activities co-ordinator was not on the unit, to ensure residents had access to meaningful activation.

Judgment: Compliant

Regulation 16: Training and staff development

While mandatory and other training was delivered in the centre, 11 staff were outstanding safeguarding training and two staff did not have any date to indicate they had completed this training.

Judgment: Substantially compliant

Regulation 21: Records

The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations, were made available to the inspector.

A review of files relating to volunteers were examined. These showed that the legislative requirements were in place in the sample reviewed, including role descriptors, responsibilities, vetting and a photograph identification.

Judgment: Compliant

Regulation 22: Insurance

A current insurance certificate with the specified requirements was available in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Action was required to ensure the service provided was safe, appropriate, consistent and effectively monitored:

- the audit process was not sufficiently robust to ensure the service was effectively monitored as some practices were not identified as institutional in nature and did not safeguard residents from behaviours and routines that were task orientated
- results of audits showed that there was no improvement necessary regarding aspects of care, for example, the dining audit had full compliance regarding the dining for residents; lack of dining facilities resulting in most residents having their meal either in bed or by their bedside was normalised and not recognised as deficits in either a social model of care, or the premises
- the annual review did not reflect the service as it currently is, as poor premises, lack of designated dining and separate day room accommodation, multi-occupancy bedrooms with inadequate storage space for many residents was normalised and seen as 'optimal' facilities for a residential care setting
- the rationale detailed in the application to vary and increase bed occupancy was contrary to the contract of care legality, as the proposed application to vary and increase bed occupancy suggested that residents could be moved from their contracted bed to another room for the convenience of the service
- there was a lack of oversight of the premises, which remained inadequate to meet the assessed needs of residents living in residential care as further detailed under Regulation: 17
- residents' care documentation was not securely maintained on some units and were stored in unsecured nurses stations which is not in line with regulatory requirements.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required action and updating to reflect the requirements of Schedule 1 of the regulations, as follows:

- the governance and management structure and reporting mechanism to reflect the current management structure
- some premises measurements to be updated to reflect the actual measurements and floor plans to reflect correct facilities within rooms, for example, one room in the floor plan had a bath, however, this was not in place
- the complaints procedure to reflect SI 628 of 2022.

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers were available to the service. The registered provider ensured that all the requirements as specified in the regulations were in place for volunteers.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents records showed that notifications were submitted to the regulator in accordance with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Action was required to ensure that residents had access to an effective complaints procedure in line with current legislation as:

- a sample of complaints showed that complaints were not comprehensively recorded, or followed up in a timely manner as indicated in the complaint narrative
- while the complaints log template had the requirements as detailed in the legislation to document the specified records, these were not completed in accordance with regulatory requirements
- the complaints procedure was not up to date as it referred the complainant to a person who was part of the previous management team and no longer worked in the service.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that the premises significantly impeded the ability to provide a homely residential-care environment. While some practices and interactions were observed to be fun and a social model of care was promoted, on other units, interactions were seen to be task-oriented and institutional in nature.

On this inspection, improvements were required in the premises, safeguarding and residents' rights, and fire safety, as described under the relevant regulations.

The inspector was assured that residents' health-care needs were met. Residents had access to two general practitioner (GPs) from the same practice; they attended the centre on a weekly basis. Residents had timely access to allied health professionals such as occupational therapy, physiotherapy, and speech and language therapy for example. Personal emergency evacuation plans (PEEPs) were available as part of resident's care documentation and detailed both day and night time aids necessary to safely evacuate should the need arise.

Consent forms were in place for photograph relating to prescriptions and wound care records and signed by residents, and when relevant, information-sharing with their next of kin. A sample of assessment and care planning documentation was reviewed and these showed mixed findings. Some had good information to inform individualised care, however, other did not as the information was generic or absent. Medical histories and prescribed medications were not consistently included to ensure individualised care.

Systems were in place to ensure residents received a varied menu based on their individual food preferences and dietetic requirements such as gluten free diet or modified diets. Improvement was noted in the variety of modified diets and their presentation.

Certification was available in relation to servicing of fire safety equipment. Emergency evacuation floor plans were displayed on each unit with a point of reference and evacuation exits; while an evacuation route was detailed, primary and secondary routes were not differentiated. Training records evidenced that drills were completed, cognisant of night duty staffing levels. Nonetheless, further action was required regarding fire safety precautions and these are further discussed under Regulation 28, Fire precautions.

It was evident that residents were consulted about the building works and the new centre, formally, at residents' meetings, and informally through the daily interactions with the management and staff. Minutes of residents' meetings were available for review. Resident attendees were recorded; minutes showed that areas such as activities, outings, upcoming events in the centre and the new building were discussed with residents. However, queries raised at meetings were not seen to be followed up on subsequent meetings. Other issues found which impacted residents' rights are outlined under Regulation 9 in this report.

Regulation 11: Visits

Visitors were seen coming and going into the centre throughout the day. Visiting was facilitated in the quiet visitors' room, residents bedrooms and some visitors

stayed with their relative in day rooms. Visitors spoken with gave positive feedback about their relatives care.

Judgment: Compliant

Regulation 12: Personal possessions

Wardrobe space was limited in a number of multi-occupancy bedrooms as some residents only had access to small, half width, half-height wardrobes and a chest of drawers. Increased space was required to enable residents to store a variety of clothes and to prevent clothes being stored on chairs or having to be taken home. This size wardrobe is wholly inadequate for people living in long-stay residential care and has been a repeat inspection finding.

Judgment: Not compliant

Regulation 17: Premises

Previous inspections of this centre had found that the premises was unsuitable for the number and needs of residents living in the centre. While some improvements were noted there remained a number of issues to be addressed:

- sanitary facilities were limited around the units: St. Elizabeth's sanitary facilities for 13 residents comprised three toilets and one shower; St Joseph's 2 - as one shower was out of action, nine residents had access to 1 shower and two toilets at the time of inspection and the remaining residents had en suite facilities within their bedrooms; St Enda's unit there was one toilet and one shower for 9 residents, while the remaining 4 residents shared an en suite shower and toilet within their multi-occupancy bedroom.
- there was no access to a safe, enclosed outdoor area for residents in St. Elizabeth's, St. Enda's or St. Stephen's unit. The external area in use for St Enda's and St Elizabeth's residents presented a high risk as it was also used for deliveries
- outdoor garden space on St Joseph's 1 could not be accessed independently due to the ridge at the entrance to the garden being a falls risk
- some four bedded rooms did not meet the privacy and dignity needs of residents as the en suite facility intruded on the bedspace available, and all that could be accommodated within the bedspace was a bed and bedside locker,
- there was inadequate communal space for the number of residents living in the centre, including dining and day space.

Judgment: Not compliant

Regulation 18: Food and nutrition

A validated risk assessment was completed regarding nutrition and dietary requirements to inform an individualised care plan. Improvement was noted in the menu range for residents requiring a modified diet. The menu was reviewed with input from speech and language and dietetic services to ensure a well balanced diet. The catering manager explained that they had extended the range of textured diets which now included several fish options such as salmon and cod for example as well as other food choices. A sample of these were seen on inspection and looked appetising.

Judgment: Compliant

Regulation 27: Infection control

Action was necessary to ensure the National Standards for Infection Prevention and Control for Community Services (2018) and Antimicrobial Stewardship guidelines were implemented into practice.

- while MDROs were included in daily reports from units to management, one manager spoken with was unfamiliar with these performance indicators, so appropriate precautions on their unit could not be assured
- while an IPC committee was set up with quarterly meetings, set agenda items showed that antimicrobial stewardship along with MDROs were not standing agenda items, so oversight of such critical information could not be assured
- in one sluice room, the bedpan drying shelf was placed over the clinical handwash sink which posed a risk of cross contamination
- incorrect mask wearing was observed as some masks did not cover people's nose
- there was no clinical handwash sinks or hand sanitisers in some clinical treatment rooms to enable staff complete hand hygiene, when preparing for different procedures for example.

Other issues identified on inspection which could lead to cross contamination included:

- some water outlets in hand-wash sinks were visibly unclean
- one resident's medicated shower wash was available in a communal bathroom.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was necessary to ensure fire safety, as follows:

- evacuations of the largest compartment had not been completed on some units. Evacuations had been done as part of training on other units, however, the records seen did not assure that evacuations could be done in a timely manner. For example, on one unit, it took a prolonged time of 4 minutes and 5 seconds to evacuate four residents with four staff (while on another unit it took similar times to evacuate 11 residents with 5 staff)
- some of the records had good information regarding possible hazards during evacuation; this was noteworthy as the structure and layout of some wards was seen by the inspector to be difficult to negotiate and the inspector was informed of the difficulty of bed evacuations on some units as an evacuation had to be done in a specific sequence. However, none of the records showed recommendations for increased frequency in evacuations to ensure they could be done in a timely manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was necessary to ensure assessment and care planning was undertaken in accordance with regulatory requirements, as follows:

- while resuscitation decisions were in place, it was not apparent that these was done in consultation with the resident, or where relevant, their next of kin
- medical histories and medications were not always included in residents' assessments and care planning to enable the resident to be cared for in accordance with their needs. For example, while a resident was prescribed medication for high blood pressure, this was not included in either their assessment of care planning documentation. Information in another resident's admission narrative showed that they had a significant medical diagnosis, however, this was not seen in any care documentation to ensure their needs could be appropriately met,
- another care plan described the plan to support a resident with their mood to 'establish therapeutic relationships and promote positive wellbeing' but did not explain what this meant for that individual resident
- review of daily flow sheets (which shows the care given to residents) revealed that residents had just one shower during the month of January

which was contrary to what was in the care plan and to the needs of the resident,
- another care document stated that the resident 'could become anxious' when personal care was delivered, however, it did not explain how this anxiety could be minimised to ensure the least amount of distress for this resident
- the skin assessment of another resident stated the resident was not at risk regarding their skin even though they were at risk of developing pressure ulcers, and the resident had multiple skin conditions on admission
- one resident, prone to constipation and prescribed medications which causes constipation, however, the only remedy recorded was laxative prescription, a review of their food and fluid intake and other non-pharmacological options were not considered.

Judgment: Substantially compliant

Regulation 6: Health care

One GP practice provided medical care for residents in the centre whereby two GPs attended the centre three times per week (Monday, Wednesday and Fridays), to provide medical care and medical notes demonstrated that medication was reviewed on a four-monthly basis to enable best outcomes for residents.

Residents had access to a consultant geriatrician as part of the Integrated Care for Older Persons Programme (ICPOP). Records showed that residents were enabled to access the national screening programme.

Judgment: Compliant

Regulation 8: Protection

Action was necessary to ensure all reasonable measures were taken to protect residents:

- many of the routines and work practices were task-orientated and not indicative of a social model of care
- institutional practices such as most residents either in bed or by their bedside after their tea at 4:30pm was seen as normal, and not recognised as institutional thinking.

Judgment: Substantially compliant

Regulation 9: Residents' rights

As found on all previous inspections, institutional design and layout of the centre negatively impacted the rights, privacy and dignity of residents. Residents did not have choice in where they could spend their day as dining and day space was combined and very limited and could not accommodate the number of residents on many units, so a number of residents still continued to spend a large part of the day by their bed or in bed because of this.

Other issues identified which impacted residents' rights included:

- due to the layout of the multi-occupancy rooms, residents shared one TV which meant they did not have a choice of programme and it was not always easy to watch TV when in bed
- while the activities programme was displayed in each unit, this was not a comprehensive reflection of the activities programme to inform residents of the activities available on a daily basis
- while the information given to residents was detailed as part of residents' meetings, issues raised were not followed up as part of the process to ensure residents feedback was important and valid and that their opinion was valued as part of the consultative process
- residents could not independently access the outdoor garden space due to either the unevenness of the pathways or the doorway access point; this was a repeat finding'
- access to inspection reports were not facilitated; information in the statement of purpose outlined the e mail address and contact details of the Office of the Chief Inspector for the reader to request an inspection report if they wished.

Judgment: Substantially compliant

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties were assisted to communicate freely. Communication aids and devices were available for residents' use.

Judgment: 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 10: Communication difficulties	Compliant

Compliance Plan for St Finbarr's Hospital OSV-0000580

Inspection ID: MON-0037344

Date of inspection: 07/01/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • On the 06/02/2025 all staff had completed Safeguarding and Awareness Training.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The "Dining Room Audit Tool" has been revised to the "Mealtime Experience" audit to reflect the dining facilities, the resident's choice and preference around mealtimes and where the residents are served their meals is discussed with each resident and documented in each resident's care plan. • The Annual Review going forward will capture the facilities available to residents on each unit and will use all relevant sources of information in the form of surveys and WCCAT or audits to adequately capture the residents lived experience. • The application for the "Condition to Vary" has been withdrawn. • A new 105 bedded Community Nursing unit has been built and will be occupied in Q4 2025. All issues in relation to the premises will be addressed. Single room accommodation will be available. There will be adequate storage space, adequate communal spaces and dining rooms for residents will be available. There will be sufficient access to shower and toilet facilities. There will be access to enclosed gardens available to all residents.	

• Lockable chart trolleys to store residents' care documentation are currently in the procurement process. These are expected to be in place by the 31/05/2025.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• The Statement of Purpose has been revised to reflect the following - changes in management structure; current floor plans to reflect correct facilities within rooms; update to the complaints procedure to reflect SI 628 of 2022.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
• The Complaints Log will remain under review by the Nursing Administration management team to ensure that all aspects of the complaints are dealt with to the satisfaction of the complainant in accordance with the regulations.
• The Complaints procedure has been updated to reflect the current management structure.
• The Complaints Log will be an ongoing standing item at Management Meetings.
• Complaints Management Training will take place for staff in-person in April 2025.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
• A review of all wardrobe and storage space for all residents will take place, new storage will be provided as necessary.
• A new 105 bedded Community Nursing unit has been built and will be occupied in Q4 2025. Single room accommodation will be available. There will be adequate storage space, wardrobes and areas where personal possessions can be stored available to each resident, along with ensuite bathrooms.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• A new 105 bedded Community Nursing unit has been built and will be occupied in Q4 2025. All issues in relation to the premises will be addressed. Single room accommodation will be available. There will be adequate storage space, adequate communal spaces and dining rooms for residents will be available. There will be sufficient access to shower and toilet facilities, with each room having ensuite facilities. There will be access to enclosed gardens available to all residents.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Multi Drug Resistant Organisms are now a standing agenda item at the IP&C Committee meeting.
• Multi Drug Resistant Organisms are included in the "Daily Safety Pause" on all units. The Nursing Administration Team provide an update to the Cork Kerry community IP&C Team on infection control status on a daily basis.
• The "Bed pan" drying shelf will be moved and placed in a different location away from the clinical handwash sink within the sluice room.
• Hand Sanitizers are now available in all Clinical Treatment Rooms.
• IP&C Link Practitioners continue to provide education and training for staff on the use of PPE.
• Regular environmental audits will continue to monitor cleanliness and will identify and address any issues.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Evacuations of all compartments of each unit is completed on a monthly basis using night duty staffing levels.
• Where there are difficulties in negotiating the evacuations due to structural issues, the frequency of the evacuations will be increased to ensure the evacuations are completed in a timely manner. All evacuations are kept under review.
• The fire evacuation of one fire compartment was repeated and on this occasion the time to complete the evacuation of the compartment was 2 minutes 43 seconds using night duty staffing levels reduced from 4 minutes 5 seconds.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• All resuscitation decisions are done in consultation with the resident by the Medical Officer, or where relevant with their significant other or representative and is documented in the Medical Notes.
• This is now also captured in the Residents Care Record by nursing staff.
• All Resident Care records, will be reviewed to ensure they are Person Centered, reflecting the resident's individual needs and upholding their beliefs, values, their will and preference. The Clinical Nurse Manager will review the residential care record on a monthly basis and will ensure that the risk assessment/care plan are appropriate and relevant to the resident.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• WCCAT Observations of care will be completed on all units, action plans will be formulated following these reviews to address any issues identified and areas for improvement. Repeat WCCAT Audits will be carried to ensure quality improvement.
• Monthly meetings will take place on each unit with Nursing Management and Ward staff, discussion around "Care Practices", Feedback from audits, WCCAT's, Complaints, Incidents, Person Centered Care, Safeguarding will be discussed at these meetings. The aim being to improve the overall care experience for the residents and foster change in residential care.
• "Places to Flourish" Education will be provided for staff during Training Week in April 2025 to support an integrated person centred care practices.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• A new 105 bedded Community Nursing unit has been built and will be occupied in Q4 2025. All issues in relation to the premises will be addressed. Single room accommodation will be available. There will be adequate storage space, adequate communal spaces and dining rooms for residents will be available. There will be sufficient access to shower and toilet facilities, with each room having ensuite facilities. There will be access to enclosed gardens available to all residents.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	31/05/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	16/03/2025
Regulation 17(2)	The registered provider shall, having regard to	Not Compliant	Orange	31/12/2025

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/12/2025
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	30/04/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/03/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons	Substantially Compliant	Yellow	31/03/2025

	working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/03/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	03/02/2025
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	03/02/2025
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and	Substantially Compliant	Yellow	03/02/2025

	concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	14/04/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/04/2025
Regulation 5(3)	The person in charge shall	Substantially Compliant	Yellow	30/04/2025

	prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/04/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/05/2025
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	31/12/2025

Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/12/2025
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/12/2025