



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:	13 December 2019
Centre ID:	OSV-0000580
Fieldwork ID:	MON-0028225

About the designated centre

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

St. Finbarr's Hospital is situated in Cork city and accommodates 89 residents; 88 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 proximal to other services such as rehabilitation, dental, mental health, blood transfusion and Health Service Executive (HSE) administration offices, which are located on the same campus. Three of the units are on the ground floor and two are on the first floor, however, the units are not adjacent to each other but are situated at various locations throughout the grounds. Sixty nine of the 89 residents are accommodated in multi-occupancy bedrooms with 46 of these residents accommodated in bedrooms of five or more beds. St. Stephen's Unit accommodates 16 residents in two six-bedded rooms, one twin bedroom and two single bedrooms. St. Elizabeth's Unit accommodates 20 residents in three six-bedded rooms and two single bedrooms. St. Enda's Unit accommodates 17 residents in one six-bedded room, two five-bedded rooms and a single bedroom. St. Joseph's 1 and St. Joseph's 2 are located in the one building, which is located distal to the main campus entrance. St. Joseph's 1 is on the ground floor and accommodates 17 residents in seven single, two twin and two triple-bedrooms. For operational purposes, this unit is divided into two units, with four beds being set aside for residents with responsive behaviour. St. Joseph's 2 is located on the first floor and accommodates 18 residents in seven single, one twin and three triple bedrooms. Access to secure outdoor space is available to residents in St. Joseph's units only.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	88
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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
Friday 13 December 2019	09:00hrs to 17:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

Inspectors spoke with residents and relatives at various intervals throughout the inspection. Feedback was predominantly positive and all feedback indicated that staff were caring, kind and respectful to residents.

Relatives did comment that it would be better if there were less residents in each bedroom. They commented on the lack of space in the bedroom for visitors, particularly when a number of family members visited together. The quality of the visit was somewhat diminished when the resident could not meet with them all at the same time.

Residents commented that, at times, there were not enough staff on duty and this contributed to their relative spending more time in bed than they would like.

Capacity and capability

St. Finbarr's Hospital has a history of significant regulatory non-compliance dating back over a number of years. The Health Service Executive (HSE), the registered provider, has repeatedly failed to implement its own plans to improve the quality of life for residents by definitively taking adequate action to improve the quality of life for residents. The current design and layout of the premises engenders the provision of institutional style healthcare rather than person-centred social care. Repeated inspections of this centre have found recurring non-compliances in the areas of; residents rights, and dignity, premises, personal possessions, end of life care, visits, managing behaviour that is challenging, and, complaints.

In response to significant regulatory non-compliance, the Chief Inspector proposed to renew the registration of this centre by issuing a notice of proposed decision with additional restrictive conditions attached to the registration. These conditions were aimed at improving the quality of life for residents (particularly in the areas of privacy and dignity, access to personal possessions, access to communal and dining space and appropriate accommodation). The proposed conditions required a reduction in the number of residents accommodated in multi-occupancy bedrooms, as an interim measure, until the deficits were addressed on a more long-term basis. The written representation submitted by the HSE, on receipt of the Chief Inspector's notice of proposed decision, did not fully acknowledge the identified regulatory non-compliances regarding the residents lived experience on an interim basis. The HSE contended that the construction of a new community nursing unit would address any residual deficits in relation current standards and regulations.

The purpose of this inspection was to determine the impact of interim measures

outlined in the HSE written submission on the lives of residents. Inspectors found that most of the proposed changes to the design and layout of the centre, committed to by the HSE in June 2019, which would have a limited impact, had not commenced or been completed by their own time frame of November 2019. Significant work had been done to address structural fire safety issues and these works were nearing completion on the day of the inspection. However, inspectors also found that there had been insufficient progress in improving the quality of life for those residents who occupied multi-occupancy rooms. Many residents in the centre still did not have access to adequate communal and day space, could not store many personal possessions and could not personalise their living space. The lived experience of these residents was adversely impacted on by the inevitable institutional practices that prevail in such environments. Works proposed by the HSE to increase communal and sanitary facilities for residents had not commenced.

This inspection included the review of fire precautions by an inspector of estates and fire safety from the Chief Inspector's office. At the last inspection, the main issues of concern included; the evacuation of the multi-bedded rooms with obstructive structural columns and the management of the risk of oxygen cylinder storage. After that inspection, the provider arranged and submitted a fire safety risk assessment for each unit. In response to the fire safety risk assessments, a schedule of works was issued, which included upgrade works to fire rated doors, provision of additional compartment boundaries and the sealing up of building services which penetrated fire rated construction. A timeframe of the end of November 2019 was set by the Provider to have the works complete.

At this inspection, fire precautions was assessed with a particular focus on the progress of the required fire safety works identified in the fire safety risk assessments. Inspectors noted these works were nearing completion. Outstanding work included the fitting of appropriate automatic door closing devices to fire doors in St. Joseph's unit, which had commenced. To this end, sign off from the competent person, that work was carried out to an acceptable standard was not yet available.

Improvements in relation to governance and management found on the last inspection were maintained. Nursing management continued to visit the units daily. A key managerial post, vacant at the last inspection, was now filled. Other concerns about governance and management found on that inspection, and still relevant, were that many senior nurse management posts were filled on a temporary capacity with staff on short term renewable contracts. This included the post of person in charge. This failure to appoint people permanently to management posts negatively impacted on staff effecting change due to the temporary nature of their role and the possibility of having to return to their substantive posts in the units.

Observations of inspectors indicated that staff were respectful to residents. This was supported by feedback from residents and relatives, who stated that staff were responsive, kind and caring.

Overall, inspectors found that there had been insufficient progress in improving the quality of life for residents in the centre. Forty six of the 89 residents living in the

centre were accommodated in eight bedrooms that had either five or six beds in each room. These residents were accommodated in bedrooms that had beds that were in very close proximity to each other and did not afford them the privacy and dignity that they deserved. Many residents in the centre did not have access to adequate communal space, could not store many personal possessions and could not personalise their living space. The lived experience of these residents was adversely impacted on by the inevitable institutional practices that were engendered by the environment.

In conclusion, on this inspection, inspectors were not assured that there had been sufficient progress made in improving the quality of life of residents. The HSE had failed to implement its own improvement plan, which it had offered as an alternative to the restrictive conditions proposed by the Chief Inspector, and did not fully acknowledge the identified regulatory non-compliances regarding the residents lived experience on an interim basis. Details of the findings of this inspection are set out under the relevant regulations in the following report.

Regulation 14: Persons in charge

The person in charge was not present on the day of the inspection but was interviewed subsequent to the inspection. The person in charge is an experienced nurse and manager and meets the requirements of the regulations in relation to qualifications and experience.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the roster and the observations of the inspectors on the day of the inspection, there were adequate numbers of nursing and care staff on duty to meet the needs of residents. The staffing complement usually includes a number of agency staff, but these staff work regularly in the centre and are familiar with residents. All interactions by staff with residents were seen to be caring, kind and respectful.

While the centre appeared to be clean and bright throughout, inspectors were informed that there were no housekeeping staff on duty in St. Elizabeth's or St. Enda's unit on the day of the inspection.

While there was an increase in the number of activity staff, some staff members worked in pairs which diminished their capacity to reach a larger number of residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of the training matrix indicated that there was a comprehensive programme of training and most staff had attended this training. A small number of staff, however, were overdue attendance at responsive behaviour, fire safety and manual handling training.

Judgment: Substantially compliant

Regulation 23: Governance and management

Findings on the most recent inspection of this centre were that a key role in the governance and management structure was vacant and a number of key nurse managers were acting in the role in a temporary capacity. The HSE responded by appointing a person to the role of director of nursing. However, a number of supporting roles were filled by people on a temporary basis, including the role of person in charge. The temporary nature of these posts had the potential to have a negative impact on the authority of senior managers to effect change.

Significantly, there have been repeated findings on previous inspections that residents are being accommodated in situations that impact on their daily quality of life, privacy and dignity. Interim solutions have not been fully explored, such as a full review of occupancy levels or the use of all available space on the grounds of the centre. An improvement plan submitted in representation to the Chief Inspector detailing proposed changes to the design and layout of the centre was not implemented. These changes were to take effect by November 2019 but this had not happened by the date of this inspection. And while all proposed improvements to the design and layout of the centre are welcomed, it was not clear that the proposed changes would actually lead to an improved quality of life for residents. For example, the proposed renovations did not address the number of residents accommodated in multi-occupancy bedrooms, where beds were in close proximity to each other and residents' privacy and dignity was significantly compromised. Additionally, it did not address the absence of adequate personal storage space or the absence of space for furniture, such as a comfortable armchair for the occupants of the room.

Action had been taken since the last inspection to address fire safety issues and while these were not fully completed, it is acknowledged that progress had been made. Inspectors were not satisfied the structural issues that could impede the hasty evacuation of residents in the event of a fire, namely large columns at the entrance to some of the multi-occupancy bedrooms, which was compounded by the

proximity of beds to each other, which could also impede a speedy evacuation.

Notwithstanding the efforts of those working in the centre to enhance the quality of life for residents, the findings of this inspection were similar to previous inspections in that the HSE:

- failed to utilise available space to address unsuitable bedroom accommodation and inadequate communal space
- failed to comprehensively review occupancy levels to inform the profile and number of residents who could appropriately be accommodated in the centre
- failed to fully explore interim options to address issues with the premises
- failed to address repeated regulatory non-compliances from previous inspections
- failed to regularise a number of senior nurse manager posts that are filled on a temporary capacity.

Judgment: Not compliant

Regulation 34: Complaints procedure

Complaints were recorded in each of the units and a copy was sent to the person in charge on a monthly basis to ensure that complaints were adequately addressed at unit level. Inspectors reviewed the complaints logs. The complaints log in one unit contained one complaint for the month of August and there were no complaints recorded for April, May, June, July, September and October. The inspector became aware that at least one complaint was made in that period that was not recorded in the complaints log. In response to a similar finding on the last inspection the provider stated that training would be provided to staff on complaints. Findings on this inspection indicated that this training was not effective for all staff.

Judgment: Not compliant

Quality and safety

Overall, the findings of this inspection were that significant improvements were still required to support residents have a good quality of life. On this inspection, as on previous inspections, inspectors found that, as a result of the limitations of the design and layout of the premises, institutional practices were seen to negatively impact on many aspects of each resident's daily lived experience. The detail of the rationale supporting this finding is outlined under the relevant regulation headings in this report.

As found on previous inspections:

- efforts to personalise residents' bedrooms did not achieve the desired aim and is not possible in the environment in which residents currently live
- procedures in place for the care of residents at end of life did not support privacy and dignity and negatively impacted on other residents
- there is inadequate storage space for residents' personal property and possessions and the proximity of beds to each other mean that this cannot be addressed satisfactorily without a reduction in the number of residents accommodated in a number of bedrooms
- the conversations of residents with their doctor about personal medical information can be overheard by other residents or visitors
- the absence of adequate sanitary facilities and the accommodation of up to six residents in bedrooms compromises residents' dignity in relation to the provision of personal care and toileting
- some recognised alternatives to the use of bedrails cannot be explored for residents due to the closeness of beds to each other
- facilities for residents to meet with visitors in private are inadequate and in some instances non-existent
- the absence of suitable dining facilities contributed to a dining experience that was task-like rather than a social occasion and an opportunity for social interaction between residents.

As previously reported, the design and layout of the centre continues to be institutional in nature and does not support the privacy and dignity of residents living out their remaining days in the centre. St. Stephen's, St. Elizabeth's and St. Enda's units accommodate a total of 53 residents and 46 of these residents are accommodated in five or six-bedded rooms. The proximity of these beds to each other mean that each resident cannot have a comfortable chair at their bedside, as there is inadequate space. Some residents require a hoist to get in and out of bed and often times this involves moving the adjacent bed so that the hoist can be maneuvered, which can be a considerable disturbance to the resident in the adjacent bed. A review of the complaints log indicated that some residents had complained of noise from other residents disturbing their sleep at night time. Another resident stated that they liked to watch television and this was often difficult as there was only one television in the bedroom and this was on the opposite side of the room. Also the view of the television was frequently obstructed when curtains were pulled around the adjacent bed, when personal hygiene care was being provided.

This aspect of the quality of care was explained in detail under Regulation 9: Residents rights, Regulation 17: Premises, Regulation 11: Visits, Regulation 12: Personal Possessions, and, Regulation 13 End of Life.

Where bedrails were in place, there was an adequate assessment of the risks associated with the use of bedrails and safety checks were done while bedrails were in place. Inspectors were informed, however, that the proximity of beds to each other impacted on the use of alternatives to bedrails, such as crash mats, as there

was insufficient space.

In the main, fire precautions had improved in the centre. Improvement to the containment measures included replaced and upgraded fire rated doorsets. These were noted to be in good condition and appeared to form an effective barrier to the spread of fire and smoke. The fitting of the outstanding automatic closing devices had commenced and were of a type that would be connected to the fire detection and alarm system, allowing the door to a residents bedroom to remain open. This meant that fire doors would not impede day to day circulation within the building when complete. Oxygen cylinders were being stored in treatment rooms on metal stands. In some instances, up to four cylinders were being stored at a time. When asked, staff confirmed four would not be required. In another instance, an emergency trolley was observed with an oxygen cylinder in a room opening off an escape corridor. There was also a blood pressure monitor on charge adjacent to the oxygen cylinder and the fire door to the room was unable to close due to an armchair located within the door's swing. Inspectors noted that improvements were still required in relation to managing the risk associated with oxygen cylinders.

Inspectors were still concerned in relation to the procedure for the evacuation of bedrooms where a column was obstructing the exit from the bedroom. Prerequisite ongoing requirements where beds were to be raised or not extended in order to evacuate still created a risk to residents in the event of a fire. The configuration of the rooms required a specific sequence to evacuate each room, irrespective of where the fire may start. Inspectors were of the view that if the outer beds were removed from these rooms, the residents would be provided with a significantly improved means of escape. If beds were re-configured in the room, the structural columns would not create the same risk of obstruction along circulation routes within the bedrooms for residents and staff.

It was evident to inspectors from conversations with staff that they had practiced and were proficient in, carrying out the evacuation procedure. Inspectors found that evacuation procedures required review to ensure the safety of residents in some areas of the centre. Inspectors reviewed evacuation drill records for the centre. Inspectors were told that the fire detection and alarm system had now been upgraded to a type L1 system, which is the type expected in a residential centre for older persons. Documentation to reflect this was not available at the time of inspection.

In St. Enda's unit, there was one fire compartment containing a five bedded room and a six bedded room. The most recent drill record available to inspectors, simulating a night time scenario showed it took in excess of six minutes to evacuate the compartment, taking in excess of 3 minutes to evacuate each room within the compartment. The five bedded room, located in a dead-end portion of the unit had an alternative escape down a flight of seven steps. Although bed evacuation is the pre-determined primary method of evacuation, evacuation sheets were in place on the beds. Considering the size and configuration of the room and the location of the structural column, inspectors were not assured that there was adequate space to carry out the procedure of moving mattresses and evacuation sheets off beds and manoeuvring them to the alternative exit if required. Inspectors were told that this

procedure had not been tried.

In one fire compartment in St. Elizabeth's with a six bedded room and two single rooms, a drill record in July identified a delay during evacuation where beds did not fit out through the available space as they had been extended in length. As identified at the previous inspection, due to a structural column obstructing the exit from the bedroom, beds were required to be evacuated in a specific sequence, irrespective of where a fire may have started in the room. Furthermore, in the same room, beds were required to be raised up as they were restricted by a protruding ledge in the corridor. While the time to evacuate was reasonable and improved in a subsequent drill in August, inspectors were concerned in relation to the procedure for the evacuation of this and five other bedrooms where a column was obstructing the exit from the bedroom.

Staff spoken with in St. Stephens Unit, who explained the evacuation procedure to inspectors, were found to be knowledgeable on the procedures to follow. However, the route in to the adjoining empty unit required the use of evacuation sheets as inspectors were told beds would not fit along this route. While the unit was appropriately subdivided with fire compartment boundaries, inspectors were told that a drill had not been carried out to reflect escape towards the adjoining empty unit. Staff confirmed that specific training had been given on the use of evacuation aids vertically down the stairs

Overall the quality and safety of care required significant action on the part of the registered provider to achieve compliance with the regulations for designated centres for Older People. The limitations of the premises continued to impact adversely on the quality of life and safety of residents living there. The provider had previously undertaken to construct a new community nursing unit by the end of 2021. To date, a time-bound, costed plan for this building has not been forthcoming from the provider.

Regulation 11: Visits

There were open visiting arrangements and visitors were seen to freely come and go throughout the day of the inspection. As found on previous inspections, there was not adequate communal facilities for residents to receive visitors in private away from the resident's bedroom. On the day of the inspection the inspectors observed a resident meeting with visitors on a corridor that offered no privacy and the resident and visitors were disturbed during the visit by staff moving equipment. On another occasion two visitors were seen sitting on a resident's bed as there were no space at the resident's bedside to store chairs.

Judgment: Not compliant

Regulation 12: Personal possessions

Efforts were on-going to personalise areas around each resident's bed. Personalisation of residents' bedrooms can have the effect of creating a homely environment for residents in long term care. It was also pointed out to inspectors by relatives that photos of family members serve as a form of connection for residents to their families. The opportunity to view photographs of children and grandchildren offer moments of pleasure to residents. Due to the proximity of beds to each other, these photographs and mementos were placed on shelves over residents' beds where they were not visible or accessible to the resident to whom they related.

There continued to be inadequate space for residents to store their clothes and to have access and control of personal possessions. Some additional wardrobes were provided for residents in St. Joseph's since the last inspection, however, Inspectors were informed that due to the lack of space in other units, particularly St.Elizabeth's and St. Enda's, additional, accessible wardrobe space could not be provided. Residents in St. Elizabeth's each had a locker at their bedside and their clothes were stored in inbuilt presses at the side of the room. Residents in St. Enda's had small half height wardrobes, which do not provide adequate space. Additional clothes for these residents were also stored in inbuilt presses at the side of the room.

Judgment: Not compliant

Regulation 13: End of life

Care plans indicated residents' preferences in relation to end of life were discussed and documented. Due to the multi-occupancy nature of bedrooms, suitable facilities were not available for families to spend time alone with residents as they approached end of life. To counteract this, a procedure was in place that residents at end of life would be transferred to a single bedroom. However, all single bedrooms were usually occupied by other residents and therefore these residents would have to vacate their bedroom to facilitate the resident at end of life. This significantly impacted on the rights of that resident and also, on occasion, led to some distress. This is further discussed under Regulation 9.

Judgment: Not compliant

Regulation 17: Premises

No discernible improvements had been made to the premises since the last inspection, other than the construction of a storage area that was being used to

store large speciality chairs on the day of the inspection.

As found on previous inspections, the premises was unsuitable for the number and needs of residents living in the centre. In particular the large multi-occupancy bedrooms in St. Elizabeth's, St. Enda's and St. Stephen's did not afford personal space, privacy or choice to residents living in these rooms. The proximity of beds to each other meant that staff would frequently have to move the closest bed, even when it is occupied by a resident, in order to provide personal care for residents, particularly when getting residents in and out of bed. These are recurrent findings on all inspections. Inspectors did not see any new evidence on this inspection to indicate that the aforementioned proposed conditions, to reduce the number of residents living in multi-occupancy bedrooms, in the interests of residents' privacy and dignity needs, could be removed from the centre's registration.

Long term plans are that a new centre will be built on the existing site with a proposed completion date of December 2021. Until the proposed new premises is built, inspectors found that in the intervening period living conditions are unsuitable and interim measures need to be put in place to enhance the quality of life for residents living in long term . For example:

- interim measures proposed by the provider were not implemented within the time frame given by the provider to the Chief Inspector.
- sanitary facilities in St. Elizabeth's for 20 residents comprised two bathrooms. The first bathroom contained a shower and toilet that was used for showering residents but could not be used as a toilet throughout the day due to the storage of equipment here following the completion of personal care; and the second bathroom contained two toilets but only one was usable as the second toilet was only accessible by going through the first toilet.
- sanitary facilities in St. Enda's comprised an en suite shower and toilet in one of the 5-bedded rooms. The remaining 12 residents had access to a bathroom with shower and toilet and a toilet located off the day room.
- sanitary facilities in St. Stephen's for 16 residents comprised two bathrooms, each with a shower and toilet
- there was no access to a safe, enclosed outdoor area for residents in St. Elizabeth's, St. Enda's or St. Stephen's
- multi-occupancy bedrooms did not support residents' privacy and dignity due to the number of residents in each room and the proximity of beds to each other.
- there was inadequate communal space for the number of residents living in the centre, including dining and day space. Residents could not meet with visitors in private either in their bedroom or away from their bedrooms. Additionally, the sitting room was also used for dining purposes, hence residents spent much of their day sitting in the same location in the sitting room or bedroom with limited opportunities for a change of surroundings.
- there was inadequate storage space for residents personal property and possessions
- there was inadequate storage space for equipment as evidenced by the storage of equipment, such as linen skips, in one of the bathrooms
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Judgment: Not compliant

Regulation 18: Food and nutrition

Improvements had been made to the choice of food offered to residents since the last inspection. Residents requiring assistance were assisted appropriately by staff.

As stated previously in this report there are no separate dining facilities for residents in St. Enda's or St. Elizabeth's and residents had their meals either in the sitting room or in their bedrooms. There were limited dining facilities on St Josephs and St Stephens units. This did not contribute to mealtimes being social occasions for residents. This non-compliance is addressed under Regulation 17.

Judgment: Compliant

Regulation 26: Risk management

As found on the previous inspection, a small number of residents smoked but there was no designated smoking area with suitable fire safety equipment, such as a fire blanket.

Issues found on the previous inspection in relation to the inappropriate storage of broken garden furniture and an umbrella were now addressed.

Staff spoken with identified a risk associated with the configuration of beds and the structural columns as a hazard, in terms of people accidentally walking into them. Inspectors noted, that in addition to being a risk during evacuation, the structural columns formed an obstruction on circulation route in and out of the rooms, which may create a risk to residents, particularly those with a visual impairment.

Some risks found on a walk round the centre on this inspection included loosed floor covering outside the recently built store room and a loose window blind cord.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider was not taking adequate precautions against the risk of fire;

- Improvements were still required in relation to managing the risk associated with oxygen cylinders.
- Inspectors noted examples where a door's swing was obstructed with furniture. The door to a kitchen was found to be held open with the door caught on the floor covering.
- The risk presented by bedrooms accommodating up to six residents remained

Inspectors were not assured that adequate means of escape was provided from all areas of the centre:

- The escape route from multi-bedded rooms with obstructive structural columns necessitated a specific sequence of evacuation, irrespective of where the fire may have started in the room. Prerequisite ongoing requirements where beds were to be raised or not extended in order to evacuate created a risk to residents in the event of a fire.
- In relation to the alternative escape route from a five bedded room using ski-sheet evacuation, considering the size and configuration of the room and the location of the structural column, inspectors were not assured that there was adequate space to carry out the procedure of moving mattresses and ski sheets off beds and manoeuvring them to the alternative exit.

Although inspectors were told the fire detection and alarm system had been upgraded to an L1 type system, zones displayed adjacent to the fire alarm panels in St. Josephs appeared to be out of date, with annotated units which staff were not familiar with.

Inspectors were not assured that the registered provider had made adequate arrangements for evacuating, where necessary in the event of a fire, of all persons in the designated centre. Scenarios identified by inspectors, detailed in the quality and safety section of this report had not been tried.

Inspectors noted evacuation drawings displayed were not in the correct location to reflect the 'you are here' annotation. Some did not yet reflect newly installed compartment boundaries.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of a sample of care plans indicated that they were predominantly personalised and provided adequate guidance on the care to be delivered. There continued to be a need to establish a process for consulting with residents and their family members when developing care plans. Inspectors were informed that new care planning documentation was being introduced in the new year.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were met to a good standard and there was good access to allied health and specialist services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were aware of the various communication needs of residents and were knowledgeable of how to communicate with individual residents that may exhibit responsive behaviour.

The only form of restraint in use were bedrails and inspectors noted that there was a gradual reduction over recent inspections in the number of residents with bedrails in place. On this inspection 28 of the 88 residents in the centre had bedrails in place. Where these were in place, there was a risk assessment completed prior to the use of bedrails and safety checks while bedrails were in place. As found on the most recent inspection, the proximity of beds to each other limited options available to staff in relation to the exploration of alternatives, such as the use of crash mats and low low beds.

Judgment: Not compliant

Regulation 8: Protection

All staff had attended appropriate training in the prevention of elder abuse and safeguarding of vulnerable older people. Staff spoken with were aware of their responsibility to report breaches of the policy and any allegations of abuse. Staff spoken with were aware of the types of abuse which could occur.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were seen to be caring, kind and well intentioned. Insofar as the premises permitted, staff were respectful to residents and made every effort to meet their needs. Similar to findings of previous inspections the multi-occupancy nature of bedroom accommodation negatively impacted on the quality of life of residents and in particular their privacy and dignity. Some institutional type practices continued and this was supported by a review of care related documentation.

Some improvements were noted in the programme of activities, particularly in relation to the involvement of care staff in the provision of activities, however, this was not widespread throughout the centre. On this inspection care staff on one of the units were observed providing activities to residents. However, on another unit residents were seen to be transported to the sitting room following the provision of personal care and then left alone without any stimulation other than the television, in which none of them appeared interested. The programme of activities were enhanced through the provision of frequent outings to events and attractions in the community

The centre could not meet the privacy, dignity and rights of the residents due to the design and layout of the centre. For example:

- on one occasion an inspector entered one of the six bedded rooms where there were three residents. The curtain was pulled around one of the beds and it was obvious that the resident was in the middle of a consultation with a medical practitioner. The conversation between the resident and the doctor was clearly audible to all others in the bedroom and the expectation of privacy that should be afforded to any person in relation to personal medical information could not be met due to the multi-occupancy nature of the bedroom.
- the nurses' narrative notes for one resident indicated that the resident occupied a private room but was asked to vacate the room to accommodate a seriously ill resident. The resident agreed to vacate the room and was accommodated in a six bedded room. It was recorded that later, the resident that vacated the single room, wished to return to their own room and due to a cognitive deficit, could not comprehend why someone else was occupying their bedroom.
- visitors were seen to meet with their relative on a corridor where there was no privacy and their visit was frequently interrupted due the comings and goings of staff and residents. Residents that may have larger families could not comfortably meet with all of them simultaneously due to the cramped nature of the bedrooms.
- the nurses' narrative notes for one resident indicated that they usually had difficulty settling down to sleep at night. They usually attracted the attention of staff by calling out of by banging the bedside table. This resident shared a room with a number of other residents and therefore created a disturbance that could impact on other residents in the room.
- In most bedrooms there was one television for five or six residents and therefore choice of what to watch on television was not available to all residents. Additionally, the location of the television meant that if the curtains

were pulled around a neighbouring bed, the view of the television was impeded.

- the nurses' narrative notes for one resident indicated that the resident was not assisted out of bed due to short staffing. A review of the roster indicated that the staff member not present on the day in question was an additional member of staff initially assigned to the unit and core staffing levels were maintained. The record occasionally referred to a resident appearing tired following the provision of personal care and was nursed in bed without reference to the resident's preference.
- inspectors found that, while the majority of interactions were seen to have an individualised and person-centred approach, there was some evidence of an institutional and more hospital-like approach to residents' lived experience and their rights. Terminology used in one resident's records referred to a "patient" being re-orientated and directed back to their "bedspace area".
- the needs of residents that required assistance with toileting or incontinence were addressed in multi-occupancy bedrooms in close proximity to other residents, which compromised the privacy and dignity of all residents in the room.

Judgment: Not 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 11: Visits	Not compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Finbarr's Hospital OSV-0000580

Inspection ID: MON-0028225

Date of inspection: 13/12/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: There were no housekeeping staff on St. Endas and St. Elizabeths Wards on the day of inspection due to sick leave on that day, however the Person in Charge had redeployed housekeeping staff to attend and clean the residents living areas at 14.00hrs. On the day of the inspection there was only one activity staff member on duty because they had taken the residents on community outings for Christmas earlier in the week which had involved activity late some evenings. However, a review of the activity staff duty roster will be conducted to ensure that the resources are maximised to their full potential.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The National two day Dementia training programme has been introduced in St. Finbarr's Hospital and has replaced the responsive behaviour training. The course commenced in 2019 and will continue to be rolled out for all staff. This is a more comprehensive training programme for caring for residents with dementia and which incorporates all care issues including caring for residents with responsive behaviours. A small residual number of staff were due manual handling and fire safety training and this training will be completed by 31st January 2020.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider has rolled out a number of unsuccessful recruitment campaigns to regularize the posts of Assistant Director of Nursing in the centre.</p> <p>Proposed changes to the design and layout of the centre have been submitted to the Chief Inspector which would provide more private spaces for residents to receive visitors and improve the bathroom facility in Elizabeths ward.</p> <p>Fire safety issues being a priority were carried out at first, stage two of the proposed refurbishments are now being addressed could be addressed.</p> <p>Following a complete fire safety risk assessment of the centre all the recommendations from that report have been implemented. Certification of same will be provided to the Chief Inspector by 31/01/2020.</p> <p>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints are recorded at each care level and are reviewed on a monthly basis by the Director of Nursing, the Person in Charge and their management team. During this inspection it was found that one complaint had not been recorded. Staff are advised that all complaints should be recorded in the complaints log on each unit and the importance of this protocol has again been highlighted to staff</p> <p>Furthermore, a new initiative has been introduced to the units to highlight any areas of concern which need to be highlighted to staff on a daily basis, this is known as "The Safety Pause". Complaint management has been added to the safety pause to ensure all staff, record, all complaints that they are made aware of.</p> <p>A new monthly complaints review form has also been introduced which will audit the number and type of complaints logged and will be included at management/staff meetings and supported by the Practice Development team.</p>	

Regulation 11: Visits	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: Open visiting is encouraged at all times and chairs are made available for visitors to sit beside their relative if needed. The proposed renovations of the existing unit will enhance the private spaces for residents to receive visitors.</p> <p>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: Adequate storage has been provided for residents in St. Josephs 1 & 2 Wards and in St. Stephens Wards. In St. Endas and St. Elizabeths Wards consideration has been given to increasing wardrobe space, however, on assessment management are concerned that this would impede safe fire evacuations and a decision has been made that this is an unacceptable risk at this time. The proposed new community nursing unit will however address this issue fully.</p> <p>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p>	
Regulation 13: End of life	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life: The privacy and dignity of residents at end of life is of paramount importance to the registered provider. Residents who are at end of life, have a comprehensive medical and nursing care plan in place and are transferred to a single room, to ensure families can spend valuable time alone with their relative. While this may involve moving another resident from the single room, it is explained fully to the resident and/or their family when this is required as a feature of community living and providing the most appropriate care to resident's at any given time during their residence in St Finbarr's Hospital. Stage 2 of the refurbishment of St. Endas and St. Elizabeths Wards will provide end of life facilities for</p>	

the residents in these units.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Continued efforts to improve the existing premises have been explored fully with Stage 2 refurbishment plans for St Elizabeth's and St Enda's care units. As previously outlined, plans to redesign the existing areas of St. Endas/St. Elizabeths Wards have been presented to the Chief Inspector.

The refurbishments will improve resident's access to privacy and private space with families. There will be enhanced sanitary and end-of life care facilities. These works will commence in Quarter one, 2020, fire safety issues having been prioritised (Stage 1). The fire safety issues have been addressed fully, with all recommendations from a fire safety audit due for completion on 31/01/2020. Certification will be provided to the Chief Inspector in relation to this. Existing structural columns in St. Endas and St. Elizabeths Wards cannot be removed as they are an integral part of the structure of the building, however fire safety evacuations have been completed in each of these units with an independent fire safety consultant on 29/05/2019, who is satisfied that the bed evacuation procedures are efficient and effective. This report also concluded that following the fire upgrade works which are due for completion on 31/01/2020 both St. Endas and St. Elizabeths Units will be in full compliance with Part B of the building regulations. Stage 2 of the refurbishments are due for completion by May 2020. The proposed new community nursing unit will address the statutory regulations in relation to residential dwellings for older people fully. In the interim the centre is in compliance with current statutory regulations which allow for multi-occupancy rooms until 31.12.2021

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 26: Risk management

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

The centre operates a no smoking policy with residents encouraged to not smoke and smoking cessation programmes are offered to residents who do smoke. These residents are also risk assessed when smoking and all precautions are put in place to protect the resident. Fire blankets are available in all units.

The risks in relation to the structural columns in St. Endas and St. Elizabeths Wards have been assessed by a suitably qualified engineer who advised that removing these columns is not possible as they form an integral part of the buildings structural supports. The issues such as flooring and a loose blind cord were addressed immediately after the inspection.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: During the inspection all oxygen cylinders were stored in the appropriate areas with the correct oxygen stands, a cylinder located next to the blood pressure monitor was removed on the day of inspection. An oxygen cylinder daily checklist was implemented post inspection to ensure that they are checked and checklist is signed, and submitted monthly to senior Nurse Managers. Instruction has also been given to managers at ward level to ensure storage is kept to 1-2 cylinders as required.

All issues in relation to obstruction of a door by furniture and floor coverings were addressed immediately after the inspection.

In relation to the risk presented by multi-occupancy bedrooms with 6 residents; the fire safety issues have been addressed with monthly evacuations taking place in all care units. These exercises have demonstrated that these rooms can be evacuated within the recommended timeframes.

All staff are very knowledgeable and proficient in fire evacuations, as acknowledged by HIQA inspectors during the inspection. A five bedded unit in St. Endas Ward has two escape routes, horizontal evacuation to the adjacent unit and vertical evacuation by means of a fire escape. This vertical evacuation of five ski sheet evacuations was completed on 06/01/2020 in 4 minutes 29 seconds, and an individual fire evacuation plan has been completed for that room. Further vertical evacuations were completed in St. Josephs 2 Ward and St. Stephens Ward on 06/01/2020. St. Stephens's unit is capable of horizontal evacuation in two directions and only needs evacuation sheets to vertically go down the stairs.

The fire alarm system has been upgraded to an L1 system, zone sheets and "you are here" drawings will be updated to reflect the designated centre and newly installed compartments.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector

that the action will result in compliance with the regulations.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A new resident's record (resident care plan) documentation has been developed and introduced into residential units in Cork and Kerry. The new record has been reviewed by HIQA inspectors in a number of care settings during inspections and has been found to be both comprehensive and person-centered. This record is being introduced to the residential care units in St Finbarr's Hospital, commencing quarter one, 2020. Consultation with residents and their families in regards to their plan of care is integral to the care plan and will be reinforced during training, to all staff.</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Bedrails have been reduced by 70% over the past eighteen months and use of bed-rails remains under continuous review. It is not possible to accommodate low-low beds and crash mats in multi-occupancy rooms due to fire safety, however, the provider is committed to providing a restraint free environment in line with the assessed needs of residents.</p> <p>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: In relation to resident's rights; maintaining privacy and dignity for residents and</p>	

promoting resident's choice and autonomy is of critical importance to staff and management. Feedback has been given to all staff in regards to adequate staffing, as identified by the HIQA inspectors, during the inspection there are no issues regarding staffing in the units. Enhanced spaces to receive visitors will be addressed by the refurbishment of St. Endas and St. Elizabeth's units. The programme of Activities will be reviewed to maximise the available resources. The person-centred care programme was implemented in the residential units in 2019 and will continue to be rolled out for all staff in these units. All remaining issues will be addressed by the new community nursing unit.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

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 11(1)	The registered provider shall make arrangements for a resident to receive visitors.	Not Compliant	Orange	30/05/2020
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Not Compliant	Orange	31/12/2021
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has	Not Compliant	Orange	31/12/2021

	access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.			
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	31/12/2021
Regulation 13(1)(c)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that the family and friends of the resident concerned are, with the resident's consent, informed of the resident's condition, and permitted to be with the resident and suitable facilities are provided for such persons.	Not Compliant	Orange	30/05/2020
Regulation	Where a resident is	Not Compliant	Orange	30/05/2020

13(1)(d)	approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/01/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/01/2020
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with	Not Compliant	Orange	31/12/2021

	the statement of purpose prepared under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2021
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	31/01/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout	Substantially Compliant	Yellow	31/12/2021

	the designated centre.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/01/2020
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/01/2020
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/01/2020
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/01/2020
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including	Substantially Compliant	Yellow	31/01/2020

	evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons 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.	Substantially Compliant	Yellow	31/01/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2020
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	Not Compliant	Orange	31/01/2020

	and safe placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/01/2020
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	31/01/2020
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	31/01/2020

Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	31/12/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	31/12/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/01/2020
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.	Not Compliant	Orange	31/12/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities	Not Compliant	Orange	31/12/2021

	in private.			
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