



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:	15 July 2020
Centre ID:	OSV-0000580
Fieldwork ID:	MON-0029847

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 is registered to accommodate 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 provider is currently in the process of reducing the number of beds in the centre to 75. The premises was originally built in the late 19th century on extensive grounds and is next 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. The majority of residents are accommodated in multi-occupancy bedrooms. These were previously five and six-bedded units but are currently being reduced, with plans for a maximum of four beds in each unit. St. Stephen's Unit accommodated 16 residents in two six-bedded rooms, one twin bedroom and two single bedrooms. St. Elizabeth's Unit accommodated 20 residents in three six-bedded rooms and two single bedrooms. St. Enda's Unit accommodated 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 away from 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:

79

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 15 July 2020	09:30hrs to 16:30hrs	John Greaney	Lead
Thursday 16 July 2020	09:30hrs to 16:30hrs	John Greaney	Lead
Wednesday 15 July 2020	09:30hrs to 16:30hrs	Noel Sheehan	Support
Thursday 16 July 2020	09:30hrs to 16:30hrs	Noel Sheehan	Support
Wednesday 15 July 2020	09:30hrs to 16:30hrs	Susan Cliffe	Support

What residents told us and what inspectors observed

Inspectors spoke with a number of residents during the course of this inspection and received very positive feedback about the care received on a day-to-day basis. Residents and relatives spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. Residents told inspectors that their call-bells were answered promptly and that staff knew residents' likes and dislikes. Residents were happy with the food served and felt that there was adequate choice available.

Inspectors observed resident and staff engagement throughout the inspection. It was evident that staff knew residents well and residents were comfortable and relaxed in the presence of staff. All interactions were conducted in a caring and respectful manner. One resident told inspectors that a nurse had given her a gift of some night attire for her birthday on the week before this inspection. Discussions with staff indicated that they knew individual residents well and were able to tell inspectors about the routines and preferences of individual residents.

Residents commented on improvements as a result of the reduction in the number of residents accommodated in the multi-occupancy rooms to four. One resident said that there is space here now; previously there were six beds and they were too close together. One resident stated that they were offered a single room but preferred to have company. However, the resident did state that they were looking forward to when there would only be four residents in their bedroom as opposed to six in the room.

Residents were informed with regard to COVID-19 but two residents thought that the precautions were too severe for example that photographs on display were removed to de-clutter. The resident wanted to have her memorabilia and photographs displayed around her bed space and not relegated to a memory book in a locker, she liked to see her family photos when she opened her eyes in the morning and just before she went to sleep. Likewise they requested the return of old style crockery used for afternoon tea in the day room which had been removed for infection control reasons.

Some residents talked about the isolation associated with visiting restrictions due to the pandemic. They were aware that visiting had resumed and were happy about this. One resident said that even though visiting had resumed, they had made a decision not to have visitors as the visiting time was limited to 15 minutes, which was very short. A relative informed inspectors that they were awaiting the knock on the door to tell them visiting was over and that they did not get as much enjoyment from the visits as previously.

Over the two days of the inspection most residents were seen to spend a significant amount of time in their bedrooms. Communal space was extremely limited, particularly in St. Elizabeth's and St. Enda's units. The main sitting room in

St. Elizabeth's was unavailable due to renovations that were expected to last a number of weeks.

A process had commenced whereby beds were being removed from multi-occupancy bedrooms to allow for physical distancing during the COVID-19 pandemic. It was confirmed to inspectors that this reduction in beds would become permanent. This had the added benefit of enhancing the quality of life for residents with the provision of more space. One resident who understood the limitations of the building was of the opinion that the care received made up for the limitations of the physical premises. Some residents were aware that there are plans for a new building and one resident mused whether it would be available in their lifetime.

Capacity and capability

This was an unannounced risk-based inspection conducted over two days. This centre's registration was previously renewed in August 2016 and since then, there have been six inspections of this centre. It was found on all of these inspections that St. Finbarr's Hospital had significant levels of non-compliance in relation to overall governance and management, as evidenced by continuing non-compliance in the areas of premises, residents rights, privacy and dignity, personal possessions, end of life care, and visits. These deficits related to the environment having a negative impact on the privacy, dignity and quality of life of residents living in the centre.

In response to these ongoing regulatory non-compliances, 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. The proposed conditions would require a reduction in the number of residents accommodated in some identified multi-occupancy bedrooms and the creation of additional communal space in the form of a new sitting room.

On this inspection, it was found that the provider had made improvements to the premises that aligned with the proposed decision of the Chief Inspector; this will ultimately result in a reduction in the overall occupancy from 89 to 75 residents. The proposed overall reduction in occupancy would be achieved by reducing the maximum number of residents accommodated in any bedroom to four. On the days of the inspection, there were 79 residents living in the centre. The improvements also involved the extension of the center to include a unit previously reserved for infectious diseases resulting in an additional four single bedrooms.

There was a senior HSE manager nominated to the role of Registered Provider Representative (RPR). The RPR was actively involved in the centre, responding to queries from the management team and supporting the implementation of change. This support was welcomed by the local management team. The person in charge is an assistant director of nursing (ADON) and has responsibility for the day-to-day operational management of the designated centre. The ADON reports to a

director of nursing (DON). The DON has overall responsibility for the campus, which includes rehabilitation services that are not part of the designated centre. Other managerial supports include an ADON, a clinical nurse manager 3 (CNM 3) and two night superintendents.

Inspectors acknowledge that residents and staff living and working in the centre have been through a challenging time and they have been successful to date in keeping the centre COVID-19 free.

Inspectors saw that there was evidence of good levels of preparedness, should there be an outbreak of COVID-19 in the centre. There was a clear and comprehensive COVID-19 emergency plan. The units are operated as distinct zones with minimal movement of staff between zones, to minimise the spread of the virus should it develop in one of the units. There was also a plan for the transfer of residents to a designated unit should they develop the virus.

Up-to-date training had been provided to all staff in infection prevention and control (IPC), hand hygiene and in donning and doffing (putting on and taking off) of personal protective equipment (PPE). While there was predominantly a good level of compliance with infection prevention and control, isolated instances of poor hand hygiene practices and PPE use were observed. While the centre was generally clean, including high surfaces, there were damaged wall surfaces and paint that required review to ensure they could be properly cleaned.

Training records indicated good overall levels of attendance at training. However, due to the COVID-19 pandemic, the training programme was interrupted and some staff were overdue attendance at mandatory training. Recruitment practices were in line with the requirements of the regulations.

Staff who spoke with inspectors were familiar with the organisational structure of the centre. The inspector saw there were suitable staffing to meet the needs of the residents. A review was required of staffing levels in relation to the provision of activities. Inspectors were informed that additional staff were allocated to activities due to the redeployment of staff from other services that were temporarily closed due to the COVID-19 pandemic. This redeployment was due to end and therefore less staff would be available to facilitate activities.

The management team were very responsive to the inspection process and engaged proactively and positively throughout this inspection. Residents and relatives who the inspector spoke with were complimentary about staff and the management team.

There was evidence of quality improvement strategies and ongoing monitoring of the service. There was a system of audit in place that reviewed and monitored the quality and safety of care and residents' quality of life. Following completion of audits, there was evidence that the management had highlighted any issues to responsible staff for action.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required managerial and nursing experience specified in the regulations. She is actively engaged in the governance, and day-to-day operational management and administration of the service. The person in charge is knowledgeable of the regulations, national standards and of her statutory obligations. She demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers of staff and skill-mix on duty to meet the needs of the residents living in the centre on the days of the inspection. There had been an increase in staff providing activities to residents due to the redeployment of staff following the closure of services in response to the COVID-19 pandemic. These staff were due to return to their respective services and the provider was requested to review staffing levels to ensure there were adequate staff to deliver activities when the period of redeployment had finished.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. The COVID-19 pandemic had interrupted the training programme due to the restrictions on groups of people congregating and on external people visiting the centre. As a result, some staff were overdue attendance at mandatory training.

In response to the COVID-19 pandemic training was provided on infection prevention and control related topics, such as hand hygiene, donning and doffing personal protective equipment (PPE) and COVID-19 information sessions. These were well attended by staff and the observations of inspectors indicated that training was effective.

Judgment: Substantially compliant

Regulation 19: Directory of residents

While all of the information required by the regulations to be contained in a Directory of Residents was available electronically, it was not in a format that was readily accessible. There was a need to review the information system to create a Directory of Residents that meets the requirements of the regulations.

Judgment: Substantially compliant

Regulation 21: Records

Records were stored securely and easily retrievable. A review of a sample of personnel records demonstrated compliance with the requirement of the regulations with regard to An Garda Síochána (police) vetting disclosures, employment history and employment references.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure with clear lines of authority and accountability. Management systems were in place to ensure that the centre delivered appropriate, safe and consistent care to residents. There was a comprehensive programme of audits with evidence of actions taken in response to issues identified. There was an annual review of the quality and safety of care delivered to residents.

While there were not a lot of complaints recorded in the complaints log, a review of the log indicated they were investigated and addressed. The satisfaction of the complainant with the outcome of the complaints process was also recorded.

Previous inspections of this centre found that residents were being accommodated in situations that impact on their daily quality of life, privacy and dignity. The HSE had proposed to build a new premises and inspectors were informed that planning permission had been granted. Previously, interim measures to alleviate the impact of the current premises on residents had not fully explored all available options. Significant improvements were noted on this inspection. In response to the COVID-19 pandemic the provider had commenced reducing the occupancy in each of the multi-occupancy bedrooms, with the aim of having no more than four residents in any bedroom. While some bedrooms continued to accommodate five residents on the days of the inspection, the provider had committed to reducing the bed numbers

to a maximum of four.

While acknowledging the positive changes in the environment that had occurred due to the reduction in bed numbers, there is work to be done to ensure that these changes benefit residents. Bedrooms require reconfiguration to allow residents to use the additional space for storage of memorabilia and possessions in an accessible manner. A review of overall storage facilities is required to ensure that storage space is used optimally. Inspectors found that some cupboards were empty while some equipment was inappropriately stored in spaces that had recently been made available in bedrooms due to the removal of beds.

It was identified in a previous inspection report that access to allied health services was limited in St. Joseph's unit. On that occasion, it was identified that there was no access to occupational therapy. While this was addressed following the inspection, a permanent solution had not been put in place and this lack of access remains an issue. There continues to be inadequate access to occupational therapy and intermittent access to speech and language therapy and dietetics services.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The Statement of Purpose was updated to reflect recent changes to the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents were appropriately documented and reviewed by the inspectors. Incidents required to be notified to the Chief Inspector were submitted in accordance with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints. The complaints log was reviewed, and it demonstrated that formal complaints were recorded in line with the regulations. Residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner. There was evidence that residents and relatives were satisfied with measures put in place in

response to issues raised. The person in charge informed inspectors that she monitored the complaints of all residents and relatives.

There were a number of complaints in the complaints log related to disruptions to sleep caused by noise from other residents. Staff within the centre were unable to satisfactorily address these complaints as they were predominantly due to limitations in the environment, namely multi-occupancy bedrooms.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the required policies and procedures were in place, and were up to date. The person in charge had organised all information relating to COVID-19 in a specific folder, which was easily accessible to all staff working in the centre. This included the Health Protection Surveillance Centre (HPSC) and HSE guidelines, which were updated as new information was published.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that improvements had been made to the quality of life for residents due to the reduction in bed numbers in most of the multi-occupancy bedrooms. The provider has indicated that bedrooms that previously accommodated five and six residents will now accommodate a maximum of four residents. While the reduction in bed numbers will provide more space to residents, further work is required to ensure that this additional space is reconfigured in a manner to maximise its use for the benefit of residents and enhance their quality of life.

It was found on previous inspections 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. While it is acknowledged that recent and ongoing improvements to the environment have the potential to enhance the quality of life for residents, this can only be achieved in conjunction with the provision of person-centred care to residents. It must also be noted that these are interim improvements and are limited by the constraints of the current environment. It still remains that many residents are accommodated in multi-occupancy bedrooms that compromise their privacy and dignity. In particular, in St. Enda's and St. Elizabeth's, there continued to be inadequate communal space and inadequate sanitary facilities. Institutional practices are still evident as demonstrated

by the maintenance of a 'shower book' that records when each resident has a shower.

While acknowledging improvements in the premises, the provider is required to implement interim measures to maximise these improvements for the benefit of residents. Residents' bedrooms require personalisation to provide a less clinical environment in which residents live. A review is required of storage facilities to ensure that available storage space is maximised and equipment is not stored in residents' bedrooms or in communal areas.

The centre had remained COVID-19 free up to the time of this inspection. Adequate procedures were in place for monitoring residents, staff and visitors to minimise the introduction of the virus and for the early recognition of symptoms should an outbreak occur. Adequate measures were in place for the transfer and care of residents in the event of an outbreak. Some improvements, however, were required in relation to infection prevention and control practices. While staff mostly adhered to good infection prevention and control practice there were isolated incidents of poor practice. There was also a need to review the location and storage of hand hygiene products and PPE.

Residents were very complimentary of staff and of the care they delivered. Inspectors observed all interactions by staff with residents to be polite and courteous.

The process for nursing assessments involved the use of a variety of validated assessment tools which were used to develop care plans. New care planning documentation had been recently introduced. The new care plans made information about residents more accessible; however, further work was required to ensure they were personalised and addressed all issues identified through the assessment. While there was good access to medical care, there was varied access to allied health services depending on which unit residents were accommodated in. There was limited access to allied health services in St. Joseph's unit, particularly occupational therapy.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions or allegations of abuse. There was an up-to-date adult protection policy in place. Systems were in place to promote safety and effectively manage risks. Policies and procedures were in place for health and safety, risk management, fire safety, and infection control. There were contingency plans in the event of an emergency or the centre having to be evacuated.

Systems were in place and effective for the maintenance of the fire detection and alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. Fire drills were conducted regularly and there was a positive focus on fire safety in the centre.

A review was required of the activities programme. Many residents spent a significant amount of time in their bedrooms and there were days when some units

did not have a structured programme of activities.

Regulation 11: Visits

In line with the Public Health advice at the time of inspection, visiting restrictions had eased and there was a system in place to support relatives to visit residents in a controlled manner. Visits were on an appointment basis and visiting was restricted to a maximum of 15 minutes per visit. Inspectors spoke with residents and visitors and while they were appreciative of the resumption of visits, they thought the time allowed was very short. One visitor stated that visits only lasted about 12 to 13 minutes. Inspectors were informed that visitors were allotted 30 minutes but that included signing in, performing hand hygiene and putting on PPE. The provider was requested to review visiting arrangements to ensure that adequate time was allowed for visitors while complying with public health guidance.

As found on previous inspections, facilities available for visitors were inadequate. Staff made every effort within the limitations of the environment to support residents and visitors to have privacy during the visit. In one unit, a single room reserved for isolation purposes was used as a visitor's room. It is acknowledged that this facilitated privacy during the visit; however, this was a temporary measure and would not be available in the event of the need to isolate a resident that is suspected of having COVID-19.

Judgment: Substantially compliant

Regulation 12: Personal possessions

As identified on numerous previous inspections the majority of residents were accommodated in multi-occupancy bedrooms which afforded little space, privacy or room for personal storage. Memorabilia, such as family photographs, were predominantly stored at the back of each resident's bed where it was not readily visible to residents.

While there were adequate arrangements in place for laundering residents' clothes, some improvements were required. Inspectors observed large bags of laundry in the linen room of St. Elizabeth's unit. Staff stated that some of the laundry belonged to residents no longer living in the centre and some was awaiting distribution to residents following return from the laundry. Staff were unable to confirm to inspectors when the bags were delivered to the unit or how long they were there.

Due to the outbreak of COVID-19, the occupancy in most bedrooms had been reduced, with the target of having no more than four residents in any of the multi-occupancy bedrooms. The provider confirmed to inspectors that this was a permanent arrangement. While not all bedrooms had been reconfigured to reduce

the number of beds, it was evident that this work was in progress and it would allow more space to for residents to store clothing and personal possessions. This will also require the provision of additional furniture, such as larger wardrobes and bedside lockers.

While the progress in the last three months has been significant the provider must now complete the process and sustain the improvements to ensure residents can enjoy their personal space, see their family photographs and chat with their visitors in private.

Judgment: Not compliant

Regulation 13: End of life

Inspectors found that when a resident was approaching the end of his or her life, the person in charge and staff had made every effort to ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident was provided and that religious and cultural needs of the resident were met, in so far as could be achieved within the limitations of the physical environment. Following the death of a resident, the person in charge had ensured that appropriate arrangements in accordance with the resident's wishes were met.

Care plans indicated residents' preferences in relation to end of life were discussed and documented. There was evidence that these were reviewed at regular intervals. There was a need for further discussions with residents and or their relatives to ascertain the extent of medical interventions they would like in the event they become unwell, and not just whether or not the resident would like to be resuscitated in the event of sudden death. This was particularly relevant in light of the COVID-19 pandemic.

As the centre is currently configured, it is not always possible to ensure a resident's last days can be spent with their family in a private quiet space, away from ongoing daily activities. This point is also referenced under Regulation 17: Premises.

Judgment: Substantially 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. In particular the large multi-occupancy bedrooms in St. Elizabeth's, St. Enda's and St. Stephen's units did not afford personal space, privacy or choice to residents living in these rooms.

Improvements were noted on this inspection due to a reduction in the number of residents in most of the multi-occupancy bedrooms. Plans were in place to limit the occupancy of all bedrooms to no more than four residents and they were close to achieving this target at the time of the inspection. In the bedrooms where the number of residents had been reduced to four, there was considerably more space between the beds. There was a need, however, to reconfigure these bedrooms so that the additional space was made available for use by residents. This would involve providing additional wardrobe space and suitable facilities for residents to have access to memorabilia and photographs. Inspectors observed that in one unit where beds had been removed, this space was used by staff to store equipment, such as a hoist, wheelchairs and blood pressure monitors. Therefore, the reduction in occupancy did not result in more space being available to residents.

A finding on previous inspections was that all available space was not used for the benefit of the residents living in the centre. On this inspection, an area adjacent to St. Stephen's unit that was previously reserved for isolating residents with infectious diseases, such as tuberculosis, was now available to residents to use. This facilitated the reduction in occupancy of the multi-occupancy bedrooms in this unit and also provided an additional four single bedrooms and a small sitting room to residents.

Long-term plans are for a new centre to be built on the existing site with a proposed completion date of December 2021, with planning permission secured for the new building. The provider had submitted plans to make interim improvements involving the provision of additional communal space; however, this was not completed within the provider's own time frame. Some work was underway in St. Elizabeth's unit on the days of the inspection which will result in a quiet room, a toilet and a store room. As a result of the ongoing works, the sitting room in St. Elizabeth's unit was not available to residents but was being used for visiting purposes. It was also being used to store equipment, such as large speciality chairs. While it is acknowledged that the reduction in bed occupancy has had a positive impact on residents' living conditions, further interim work is required until the proposed new premises is built. For example:

- interim measures proposed by the provider were not implemented within the time frame given by the provider to the Chief Inspector
- the multi-occupancy bedrooms need to be reconfigured to ensure that the additional available space is used for the benefit of residents and to enhance their lives
- there are areas of the centre that require renovation due to damaged walls and paint
- 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
- there was no access to a safe, enclosed outdoor area for residents in St. Elizabeth's, St. Enda's or St. Stephen's unit
- there was inadequate communal space for the number of residents living in the centre, including dining and day space
- there was inadequate storage space for equipment as evidenced by the

storage of equipment, in vacant bed spaces, in the sitting room and in bathrooms. However, a full review was required to ensure that storage capacity was used to its fullest as there were some cupboards empty.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were complimentary about the quality of food provided. Most residents had their food at their bedside from tray tables due to the need to physically distance and the inadequate dining space in some units.

Inspectors observed food being served to residents and noted that it was attractively presented. Residents had a choice of food at meal times, including residents prescribed modified consistency diets. Residents requiring assistance were assisted appropriately by staff.

Residents were weighed regularly and were assessed for their risk of malnutrition using a validated assessment tool.

Judgment: Compliant

Regulation 26: Risk management

The risk register has been updated with controls put in place to mitigate the risk of COVID-19 infection to residents and staff working in the centre. Staff do not move between centres.

Staff were aware that they must inform the clinical nurse manager or nurse in charge if they are feeling unwell, exhibiting symptoms or have been in contact with a suspected case of COVID-19. Relevant policies are available on each unit and an information folder is available containing the most recent public health guidance.

The COVID-19 contingency plan was informed by a comprehensive risk assessment. Control measures put in place to manage identified risks were subject to ongoing monitoring to ensure their effectiveness.

Judgment: Compliant

Regulation 27: Infection control

No residents or staff in the centre had tested positive for the COVID-19 virus up to the date of this inspection. Everyone entering the centre had their temperature checked and were asked to declare that they were symptom free prior to entering the centre. All staff had their temperature checked twice daily.

There was a suite of infection prevention and control policies, incorporating recommended guidance in relation to COVID-19, in place. There are enhanced arrangements in place in relation to infection prevention and control. Discussions with nursing management indicated a good awareness of key statutory guidance specific to COVID-19.

An enhanced programme of cleaning was put in place and this is supported by a detailed audit tool to ensure compliance with the cleaning protocol. The provider has a system in place to ensure that there are adequate supplies of masks, PPE, disinfectant, hand hygiene products and tissues.

Some improvements, however, were required in relation to infection prevention and control. For example:

- parts of the centre was shabby in appearance and warranted renovation and redecorating such as painting and plastering to repair damaged walls. This is particularly relevant for St. Stephen's unit
- a staff member was observed to be handling used linen without wearing the appropriate PPE or following correct hand hygiene practices
- while there were hand hygiene gel dispensers located at various intervals, not all were wall mounted. Staff informed inspectors that they had placed hand gel dispensers in locations, such as window sills, because there were insufficient wall mounted dispensers in convenient locations
- staff were decanting hand hygiene gel from one container to another as the supplied product was not compatible with storage on window sills, etc.
- some PPE was supplied in a manner that did not allow them to be stored in designated PPE dispensers. A review was required to ensure that PPE was stored in a tidy manner that also made it readily accessible
- there was a proliferation of paper posters in each of the units, predominantly providing information on COVID-19. The posters, without lamination, themselves are an infection prevention and control risk.

Judgment: Not compliant

Regulation 28: Fire precautions

Procedures were in place for the preventive maintenance of fire safety equipment including fire extinguishers, the fire alarm and emergency lighting at appropriate intervals. Staff were supported and facilitated to attend fire safety training; however, some staff were overdue attendance at this training. Staff spoken with

were knowledgeable of what to do in the event of a fire.

It was evident that there was a positive attitude to fire safety. Significant structural works had been completed involving the installation of a number of fire doors and a review of the fire alarm system. Following a complete fire safety risk assessment of the centre, the provider stated that all the recommendations from that report have been implemented. Inspectors requested certification of these works but this has not yet been submitted.

Fire drills were conducted monthly in each of the units. Concerns had previously been expressed by inspectors about the evacuation of residents from the multi-occupancy bedrooms in St. Enda's and St. Elizabeth's units. This is due to the location of structural columns beside the doors of each bedroom and the potential obstruction these columns would cause when evacuating residents in beds. The risks associated with this have reduced due to a decrease in the number of beds in these rooms, allowing more space for evacuation purposes. Fire drills were conducted monthly to simulate the evacuation of residents from these rooms, and records indicated that this could be achieved in a timely manner. Night-time simulation scenarios were also included in the drills.

Following the last inspection, the provider was requested to provide reassurance around the evacuation of residents through a rear stairwell for a bedroom in St. Enda's using evacuation sheets that are placed under each mattress. There was a record available of a fire drill simulating this scenario conducted in January 2020, which was facilitated by an external consultant. The provider was requested to include this scenario in fire drills in the absence of the external consultant to allow staff in the centre to become proficient in the procedure. On the day of the inspection staff successfully demonstrated this procedure for inspectors.

While there were floor plans on display identifying the location of compartments and emergency exits, these plans did not all identify the location of where the person viewing the plans was in relation to the nearest emergency exit or place of relative safety.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Regular audits of medication management took place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Processes were in place to ensure residents were appropriately assessed on admission using recognised validated tools. Care plans were developed based on these assessments and reviewed on a regular basis, at least every four months.

Improvements were noted in care planning from previous inspections. The care plans were better organised and the information contained in the plans was readily accessible.

While some of the care plans reviewed by inspectors were generally comprehensive and personalised, improvements were required in others. This is particularly relevant in light of the COVID-19 outbreak in the event for staff needing to be redeployed to the centre. These new staff would have limited knowledge of the residents and there was a need to have comprehensive care plans as a reference point to ensure continuity of care of residents. Inspectors found that some care plans contained information applicable to all residents rather than providing personalised information on each resident's routines, their likes and dislike, or their specific healthcare needs. For example, the care plan for one resident made reference to the resident not liking certain foods; however, it did not identify what those foods were or what foods the resident did like.

There was also a need to include more detail around end-of-life preferences. While some care plans included the level of intervention the resident requested in the event they become unwell, such as their spiritual preferences and if they would like to be transferred to hospital, other care plans lacked this detail.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors noted that residents appeared to be well cared for and their health needs were met to a good standard. There is a variation in the type of medical cover provided depending on which unit residents are accommodated in. Medical services are consultant led in some units, with the assistance of Senior House Officers. Medical cover in other areas is provided by a general practitioner (GP). Records viewed by inspectors indicated that all residents received frequent medical reviews.

The variation in access to medical cover is also reflected in allied health services, however, unlike medical care, there was poor access to some allied health services, particularly in St. Joseph's unit. For example, inspectors were informed that

there was poor access to occupational therapy (OT) assessment in St. Joseph's. One resident was assessed by an OT for chair suitability. A chair was identified with a plan that the OT would return to reassess the resident in that chair. This reassessment did not occur as the OT service indicated that they do not have the resources available to meet the needs of residents in St. Joseph's. The inspectors were informed that a number of referrals had been made to OT without success. This was a finding on a previous inspection and an OT service was provided on a once-off basis at that time but was not continued.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff were aware of the various communication needs of residents and knew how to communicate with individual residents that may exhibit responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The only form of restraint in use were bedrails and lap belts. Inspectors noted that there was a gradual reduction over recent inspections in the number of residents with bedrails in place. On this inspection, 27 of the 79 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. It was found on previous inspections that 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. With the reduction in the number of residents in bedrooms, these options were now available but, as this was a recent occurrence, these interventions were not yet in use in the multi-occupancy bedrooms.

Judgment: Substantially compliant

Regulation 8: Protection

Residents reported feeling safe in the centre. Training records indicated that all staff had attending training in safeguarding residents from abuse. Where there were suspicions or allegations of abuse, these were investigated and adequate safeguarding measures were put in place while the investigation was underway.

Judgment: Compliant

Regulation 9: Residents' rights

As stated in previous inspection reports, the rights of residents and their privacy and dignity is negatively impacted by the institutional design and layout of the centre. This issue is outside the control of those working in the centre on a day-to-day basis. Staff were seen to be caring, kind, respectful to residents and made every effort to meet their needs.

On the days of this inspection, improvements were noted due to the reduction of the number of residents in the multi-occupancy bedrooms. This provided more space to residents at their bedside. There were a number of complaints in the complaints log related to disruptions to sleep caused by noise from other residents. Staff within the centre were unable to satisfactorily address these complaints as they were predominantly due to limitations in the environment, namely multi-occupancy bedrooms. Some residents said that they liked having more space. Benefits of the reduction in occupancy include more space for residents to sit at their bedside, more room to personalise the areas around beds with memorabilia and less likelihood for residents to be disturbed at night time. However, to achieve the optimum benefit for residents, this will require the reconfiguration of bedrooms for resident's benefit, such as offering accessible storage for residents' personal possessions and memorabilia.

While there is secure outdoor space for residents on the ground floor of St. Joseph's units, there is no secure outdoor space attached to St. Enda's, St. Elizabeth's or St. Stephen's units. Inspectors did observe residents from St. Enda's sitting out in the company of staff in an area furnished with tables and chairs. The residents appeared to be enjoying the warm sunshine. St. Stephen's unit is on the first floor and does not have ready access to outdoor space. Even though it was a warm sunny day, residents were observed to be in the sitting room or in their bedrooms.

Some improvements were noted in the programme of activities, particularly in relation to the availability of staff in the provision of activities. However, further improvements are required to ensure that residents are occupied, particularly as most residents spend their day in their bedrooms.

Due to the temporary redeployment of staff from other services, additional staff were available to provide activities to residents. This was a temporary deployment and staff were due to return to their previous work shortly. As group activities were limited, there was a need to keep the programme of activities under review to ensure that there are adequate opportunities for residents to participate in activities. Some observations of the inspectors include:

- an activity coordinator was unexpectedly absent on one day of the inspection and residents in the units assigned to that staff member did not have access to activities on that day.
- there were no activities in St. Stephen's unit on the afternoon of the first day of the inspection.
- activities are only facilitated in St. Elizabeth's and St. Enda's units on alternate days.

The centre had recently obtained WiFi and inspectors were informed that there was good coverage throughout the centre. Each unit had access to electronic tablets to support residents and relatives maintain contact through video calls. These, however, were not used to their optimum. On one occasion, an inspector observed a call from a relative go unanswered. When the inspector brought it to the attention of a staff member they said that they did not know how to use the tablet. In another unit, it was observed that the tablet was stored in a drawer.

Televisions were located in the bedrooms and in the communal rooms. Due to the layout of the beds in multi-occupancy rooms and the placement of the televisions, it was difficult for some residents to see the television.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Finbarr's Hospital OSV-0000580

Inspection ID: MON-0029847

Date of inspection: 16/07/2020

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The COVID-19 pandemic impacted significantly on the training schedule due to restrictions imposed on congregating of staff and social distancing guidelines. Mandatory training has now commenced since August 2020 with reduced numbers of staff.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>A review of the Directory of Residents has been completed with a new template that is easily accessible and can be printed for inspectors.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>	

management:

Occupancy in the residential wards has been reviewed with all 6 and 5 bedded rooms now reduced to 4 beds which maximizes the space available for the residents (with the exception of one 5 bedded room in St. Elizabeth's Ward due to current construction works). This reduction in the beds numbers from 89 to 75 with a provision for 4 isolation beds for IP&C isolation purposes was completed on 17/08/2020. A review of the storage facilities and removal of the additional curtain rails is being undertaken to optimize the available space and suit the layout of the room for the residents.

Access to Allied Health Professionals had been impacted during the COVID-19 pandemic with services redeployed and reduced due to the crisis. These services are currently working on COVID plans to return to full services.

Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: Visiting was in line with Public Health Guidance for Residential Care Facilities during COVID-19 for this inspection which also allowed for adequate time for PPE/symptom and COVID-19 checks/hand hygiene. Visiting arrangements have now increased to 1 hour per resident which allows adequate time for visiting while complying with the guidance. St. Finbarrs' Residential Services will continue to comply with Public Health Guidance on visiting in this facility as per updated guidance on: https://www.hpsc.ie/	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Due to the reduction in bed numbers the wards are currently being reviewed to ensure there is more effective use of the room layout and adequate storage space for personal possessions and photographs. The residents' personal laundry is collected and returned to them 3 times a we	
Regulation 13: End of life	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: End of life:	

Further discussions with residents regarding their end of life preferences in view of the COVID-19 pandemic will be undertaken by staff. Residents are always accommodated in a single room when approaching end of life and a single room is now available in each ward with provision of a new end of life room in St. Elizabeth's Ward once the construction works are complete.

There is unrestricted visiting for family and friends of residents at the end of life in line with Public Health guidance.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Plans for a new residential center have been granted planning permission with a completion date of December 2021. Interim measures have been completed with a reduction in bed numbers from 89 to 75 with an additional 4 single rooms for isolation purposes. Multi-occupancy bedrooms have now been reduced to a maximum of 4 beds per room which has provided the residents with extra additional living space which is currently being reconfigured for the residents (with the exception of one 5 bedded room in St. Elizabeth's Ward due to current construction works). Curtain rails are being removed and the space is being reviewed regarding bed layout. Equipment that was stored in rooms has now been removed. Extra storage containers away from the residential units have been commissioned for storage of equipment/chairs which are currently not in use. Construction works in St. Elizabeth's/St. Enda's Wards was impacted with the COVID-19 pandemic and worked had ceased for a number of months due to same. Existing plans for the works had to be revised due to the impact of the COVID-19 guidelines on social distancing. Work has now again commenced in these wards which will reconfigure the space and improve the living space and sanitary facilities available for the residents.

St. Enda's and St. Elizabeth's Wards have a communal courtyard area with seating facilities but due to compliance with fire regulations this area cannot be enclosed.

St. Stephens Ward had developed a new enclosed, safe seating area outside with raised planters which is available to the residents but was not highlighted to the inspectors on the day of inspection.

A cost has been sought for repainting and repairing of walls in St. Stephens Ward.

Additional communal space is now available in St. Stephen's Ward with an additional sitting room that has been reconfigured into the residential plans.

Additional space in St. Elizabeth's Ward following reconstruction will be used for the residents as a quiet room.

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Infection Control practices in the centre have been enhanced with extra training provided to staff on PPE use, IP&C guidelines for COVID-19, end of life care during COVID, audits, policies and procedures and hand hygiene. Regular updates on guidance from HPSC are provided to all staff with temperature and symptom checks in place for visitors, residents and staff to protect against COVID-19. In relation to alcohol gel dispensers- an order had been submitted in March 2020 for extra dispensers but these were not available nationally due to the pandemic. Hand gel supplied was varied in how it was packaged/size of containers due to stock shortages globally. PPE in the centre is readily accessible with adequate stocks available but due to a national shortage and often worldwide shortages on PPE supplies the stock available very often did not fit with the dispensers on site and the Public Health team are aware of same. All posters on site have been reviewed and a small number that were not laminated have now been removed and replaced.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire training was suspended during the COVID-19 Pandemic due to Government restrictions on gatherings which impacted on this training. A new programme of fire training will commence on 04/09/2020. Following a complete fire safety risk assessment conducted in the centre, further verification that all works are now complete will be submitted. Monthly evacuations are in place for all wards and vertical evacuations will now be completed on alternate months in St. Josephs 2, St. Stephens and St. Enda's Wards. Some displayed fire plans to include "You are here" are currently being reviewed and updated by the Fire Officer.</p>	
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>New care plans were recently introduced and extra training for staff is being provided to ensure that they are comprehensive and personalized to the residents. More detail regarding spiritual preferences and end of life anticipatory care will be included in the care plans</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: As outlined in Regulation 23; Access to Allied Health Professionals had been impacted during the COVID-19 pandemic with services redeployed and reduced due to the crisis. These services are currently working on COVID plans to return to full services.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: The provision of low-low beds and crash mats is now being explored as the full reduction in bed numbers now complete and the space is available for same.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Space and storage is being reviewed with the reduction in bed numbers. Secure outdoor space is available in St. Stephens Ward. The Activities programme has been comprehensively reviewed and updated following previous inspections. Adequate staff are available for activities but due to unexpected leave a staff member was absent on the day of inspection. Due to COVID-19 activity staff were allocated to one unit for safety reasons so this reduced the cover available to the wards. Also, volunteer staff were cocooning as per Government Guidelines during the pandemic and have not since returned due to the risks of COVID-19 which has impacted on the service. Each ward has developed an individual activity plan for their units which can enhance the current activity programme for residents. Training will be provided for staff members that are unfamiliar with the use of electronic tablets. These tablets will be placed in an area that is accessible to the residents The review of the internal layout of the residents rooms will ensure that residents will have un-interrupted view of the televisions.</p>	

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(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.	Substantially Compliant	Yellow	31/12/2021
Regulation 12(a)	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	Not Compliant	Orange	31/12/2020

	particular, that a resident uses and retains control over his or her clothes.			
Regulation 12(b)	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 his or her linen and clothes are laundered regularly and returned to that resident.	Not Compliant	Orange	18/07/2020
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	31/12/2020
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,	Substantially Compliant	Yellow	31/12/2020

	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.			
Regulation 13(1)(d)	Where a resident is 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.	Substantially Compliant	Yellow	30/09/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2020
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 the statement of purpose prepared under Regulation	Not Compliant	Orange	31/12/2021

	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 19(2)	The directory established under paragraph (1) shall be available, when requested, to the Chief Inspector.	Substantially Compliant	Yellow	18/08/2020
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	18/08/2020
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.	Substantially Compliant	Yellow	18/08/2020
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.	Substantially Compliant	Yellow	31/12/2020
Regulation 27	The registered	Not Compliant	Orange	24/07/2020

	<p>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.</p>			
Regulation 28(1)(a)	<p>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.</p>	Substantially Compliant	Yellow	31/08/2020
Regulation 28(1)(d)	<p>The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques</p>	Substantially Compliant	Yellow	30/09/2020

	and the procedures to be followed should the clothes of a resident catch fire.			
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	30/09/2020
Regulation 5(3)	The person in charge shall 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.	Substantially Compliant	Yellow	30/09/2020
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	31/12/2020
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance	Substantially Compliant	Yellow	31/10/2020

	with national policy as published on the website of the Department of Health from time to time.			
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	31/08/2020
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/12/2020