



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Finbarr's Hospital
Name of provider:	Health Service Executive
Address of centre:	Douglas Road, Cork
Type of inspection:	Unannounced
Date of inspection:	08 December 2022
Centre ID:	OSV-0000580
Fieldwork ID:	MON-0038447

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	70
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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
Thursday 8 December 2022	09:45hrs to 17:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that St. Finbarr's Hospital was a comfortable place to live in and residents felt their rights were generally respected. Staff were observed to be kind and caring towards residents. The inspector spoke with several residents in each of the five units throughout the inspection day. Residents said that they were satisfied with the care and service provided. Residents told inspectors that the staff were "the best they ever met" and one resident said "I'd change nothing". Residents were dressed in their choice of clothes in keeping with the time of the year. The inspector spoke with a number of visitors at various times throughout the day and they were very complimentary of all aspects of the care.

This was an unannounced inspection and the inspector followed the infection control guidelines which included mask wearing and hand hygiene. Following an opening meeting with the person in charge, the clinical nurse manager 3 (CNM3), the domestic supervisor and the director of nursing (DON), the inspector was accompanied on a tour of the premises by the person in charge. The centre consisted of five separate units located within three buildings at various locations on the campus. One resident had a room in another building for their specific needs. As found on previous inspections the buildings were reflective of their era, having been built in the 19th century. The limitations of the buildings prevented staff from creating a less institutional, more homely environment overall, despite a number of welcome improvements over the years. Plans were in place for a new 105 bed, state of the art facility for which building preparatory work had commenced on the site.

As found on the previous inspection in the multi-occupancy rooms residents' privacy and dignity were compromised as described in more detail under Regulation 9: resident's rights, in this report. Notwithstanding the enduring issues with the design and layout of the premises, the interactions between staff and residents were seen to be person-centred and kind. One resident said that she had just got back from a visit home and that these outings were encouraged. The six-bedded rooms had been decreased to contain four beds now and larger wardrobes had been installed. Residents were delighted that their photographs and personal items had been placed near their beds and a spacious chest of drawers had also been purchased for each resident for additional personal items. In one unit residents said it was great to have a private sitting room to receive visitors and have a quiet space. A resident remarked "my husband visits me there and staff are very good to him also". There were informative social care plans in place to support the activity provision which had been increased since previous inspections. One resident however felt a "sense of loneliness" in the centre but stated that "staff did their best". The resident was missing home.

Menus were displayed for each meal and residents said the meals were tasty with appropriate portions. Every evening there was an additional late tea round before bed which residents said provided hot milk, sandwiches, tea, or biscuits.

Nevertheless, at dinner time on the day of inspection there were some practices observed by the inspector which required additional staff supervision and attention as to how meals were served. This was addressed under Regulation 18: food and nutrition. In addition as seen on previous inspections the inspector observed that communal space was very limited, particularly for the residents who resided upstairs in St Joseph's 2 where there was one communal room that functioned as a day and dining room. An additional room had been made available temporarily for residents' dining needs. However, staff said that only one resident had used this at dinner time on the day of inspection and a number of residents still dined at the bedside.

Good practice was acknowledged throughout the day. One resident told the inspector that staff were quick to come to them whenever they needed help. The inspector observed that call bells were responded to without delay. The centre was very clean and a resident confirmed this saying "the place is always clean and tidy".

Throughout the centre visiting had returned to normal frequency. Visitors were known to staff who welcomed them and were seen to answer their queries. A staff member was seen to carry out screening procedures for COVID-19 for visitors. Visitors and residents told inspectors that they were very happy with the arrangements in place for visits and they were happy with how COVID-19 cases had been kept to a minimum in the designated centre over the last three years.

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

Capacity and capability

The inspector found that while the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were well defined, there were a number of issues which required review and action. Good practice was observed: the inspector found that there were comprehensive audit and management systems set up in the centre ensuring that good quality care was delivered to residents. The management team had been proactive in responding to findings on previous inspections and in a number of cases the issues had been resolved. Some aspects of the premises, impacted on by the design and layout of the older units, remained unresolved and were highlighted in this report. However, despite the good management practices seen the inspector identified areas where increased oversight and supervision was required in areas such as, food and nutrition, medicine management and privacy and dignity, as highlighted under the Quality and safety dimension of the report.

In this centre there was a senior HSE manager nominated to represent the provider, which was the Health Services Executive (HSE). This senior manager was actively involved in the centre, liaising with the management team for clinical governance

matters. Her deputy attended the feedback meeting by phone at the end of the inspection day. This support was welcomed by the local management team. The person in charge held the role of an assistant director of nursing (ADON) and had responsibility for the day-to-day operational management of the designated centre. The ADON reported to a director of nursing (DON) who has overall responsibility for management. Other managerial support included an additional ADON, the domestic supervisors and two clinical nurse managers (CNMs) on night duty.

There was good practice seen in the preparation for any COVID-19 outbreak. Each unit operated as a distinct zone and staff movement between zones was minimised. In each of the five units there was a single bedroom kept vacant for isolation purposes, as there were multi occupancy bedrooms in all units. Up-to-date training had been provided to all staff in mandatory areas, as well as in infection prevention and control (IPC) practices, which was subject to regular audit. Household staff spoken with were found to be knowledgeable of their training and the the appropriate products. Staff were seen to wear their masks appropriately and visitors were also wearing masks in line with the protocol.

The inspector found that there were sufficient staff available to meet the needs of the residents. Staff files were well maintained. New activity coordinator personnel had been employed and this had a positive impact on the social interaction of residents. As found on all previous inspections the management team made all the required documents available without delay and engaged in a very positive manner with the inspection process. Residents and relatives with whom the inspector spoke were complimentary about staff and the management team. This was also reflected in satisfaction survey results where positive comments were documented, in some cases in residents' own handwriting such as "there is "nothing I would be unhappy with".

There was evidence of quality improvement strategies and ongoing monitoring of the service. Falls, complaints and incidents were trended for improvement. There was a system of audit in place that reviewed and monitored the quality and safety of care and residents' quality of life. However improvement was required in some management systems to ensure improved oversight of meals, privacy and premises issues as outlined under Regulation 23.

Regulation 14: Persons in charge

The person in charge was knowledgeable of the service and had many years of experience in managing the centre. She was well known to staff and residents and was found to have the required regulatory qualifications.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were adequate to meet the needs of residents on the day of inspection. The skill mix was appropriate. There were nursing staff and nurse managers on duty over the 24 hour period.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been afforded mandatory and appropriate training.

Staff appraisals and induction programmes were in place and confirmation of this practice was seen in documentation recorded in staff files.

Copies of the regulations and standards for the service were available to staff.

Judgment: Compliant

Regulation 21: Records

Required regulatory records were maintained in a safe and accessible manner.

Staff files were well maintained.

In the sample viewed for inspection purposes the requirements of Schedule 2 of the regulations were in place.

All staff had the required Garda Síochána (Irish Police) vetting clearance in place prior to commencing employment.

Judgment: Compliant

Regulation 23: Governance and management

While there were a number of comprehensive management systems established, further managerial systems and managerial oversight were required to address a number of outstanding issues :

Supervision: There was a lack of supervision of practice around mealtimes in particular. This was highlighted in more detail under Regulation 18: food and nutrition.

Medicines management: Medicines were seen to have been left on a resident's bed table, which did not conform with the professional guidelines on medicine management.

Premises issues: Issues identified re the shower room in St Elizabeth's and the single room awaiting redecoration had not been addressed since the inspection in January 2022. More details on this aspect was described under Regulation 17: Premises.

Privacy and dignity: Residents in the multi-occupancy rooms lacked privacy. The layout and configuration of the room meant that the privacy curtains could not be closed for one resident without another resident's TV being occluded. This was outlined under Regulation 9: resident's rights

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on an annual basis.

It outlined the governance arrangements, the ethos of care, the complaints process and the arrangements for residents to be involved in their care plans and activity provision.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded in detail.

Complaints were managed according to the HSE and the centre's policy and the satisfaction or not of the complainant was recorded. The appeals process was made available and the centre was seen to engage the services of independent advocates when required.

Judgment: Compliant

Regulation 4: Written policies and procedures

A sample of regulatory Schedule 5 policies were seen to have been updated within the required three year period.

Policies seen were relevant and contained information to guide staff in delivering best evidence care.

Judgment: Compliant

Quality and safety

Overall, residents in St Finbarr's Hospital were supported and encouraged to have a good quality of life which was generally respectful of their wishes and choices. The findings of this inspection were that while the quality of life for residents had improved over the last number of inspections there continued to be challenges to optimising residents' privacy and dignity particularly in the multi-occupancy rooms. Additionally, this inspection found that improvements were required in premises, access to health care providers, privacy and oversight of some areas of care such as mealtimes, medicine management and appropriate activity provision.

A number of improvements were acknowledged by the inspector as having enhanced the lives of residents: residents said they enjoyed the renovated sitting room in St Elizabeth's as well as the new quiet room and the library. Residents' bedrooms had been personalised with their photographs and there were large TVs available in each section. While it is acknowledged that the ongoing improvements enhanced the quality of life for residents currently living in the centre, these were interim improvements and were limited by constraints such as, the era of the building and the current location of the units within these large old buildings, with limited access to safe outdoor spaces. For example, the inspector saw that the privacy and dignity of those residents accommodated in multi-occupancy bedrooms could not be maintained. In particular, in St. Enda's, St Joseph's 2 and St. Elizabeth's, there continued to be inadequate communal space, lack of choice to a private place and in some units there were inadequate sanitary facilities. Premises issues were further described under Regulation 17 in this report.

The centre had been inspected by an inspector of social services with responsibility for infection control in July of 2022. On that inspection a number of issues had been highlighted for action. These were seen to have been addressed on this inspection. A COVID-19 contingency plan was in place and was updated in line with any new HSE guidelines.

The sample of care plans seen were well maintained. A number of clinical assessment tools were used to underpin the development of appropriate care plans

to meet the needs of residents. Residents' healthcare needs were met with good access to the gerontology team. Input from members of the medical team was seen in residents' files and it was apparent that there was timely intervention available for infections, falls, medicine review or other medical need. On a previous inspection access to allied health services, particularly occupational therapy (OT) was limited. On this inspection this post as well as the post of physiotherapist was again vacant and the person in charge stated that staff were being actively recruited. This impacted on the maintenance of optimal mobility for residents with little evidence of residents' walking independently or with their mobility aids seen on the day. One resident was awaiting an adjustment to her specially adapted chair and she was glad to hear from the person in charge that an OT was expected to recommence on site in December 2022.

Measures were in place to protect residents from suffering abuse. Staff had completed training and demonstrated their knowledge of this aspect of care. Systems were in place to promote safety and manage risks. Policies and procedures for health and safety, risk management, fire safety, and infection control were up to date. There were contingency plans in place in the event of an emergency such as a fire, or the centre having to be evacuated.

Effective systems had been developed in fire safety management and for the maintenance of the fire detection and alarm system and emergency lighting. This was further outlined under Regulation 28 in this report.

There was evidence of good consultation with residents and their needs were being met through timely access to the doctors and improved opportunities for social engagement. Residents' meetings were held even though the minutes of these were sparse and required more detail. Staff were found to be knowledgeable of residents' needs. There had been improvements in the provision of daily activities for residents. Staffing had increased in this area. In addition, staff on each unit supported the activity staff to ensure that residents had a meaningful activity each day. Nevertheless, a number of residents still spent a significant amount of time in their bedrooms or by the beds which may be due to the lack of sufficient communal space to maintain a social distance for dining and sitting space within the one room available for communal events in each unit.

Regulation 11: Visits

Residents were seen to welcome visitors throughout the day. They said they were happy with access to their relatives and a number spoken with explained how they liked to go out with friends and family for shopping or home visits. They informed the inspector that their personal phones were a "lifeline" to enable them to keep in touch whenever they felt like a chat or required any supplies. Residents said that there were a variety of places to meet in private if this was their preference.

Judgment: Compliant

Regulation 12: Personal possessions

All residents now had improved storage space.

Double wardrobes and chests of drawers had been installed and residents said that they felt they had sufficient space for their personal items at present.

Judgment: Compliant

Regulation 13: End of life

End of life care was delivered with compassion and kindness:

The inspector spoke with relatives of one person at end of life and they expressed their gratitude for the attentive care. Documentation seen indicated that the resident's wishes were recorded and the medical team visited daily to ensure optimal pain relief.

Judgment: 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 multi-occupancy bedrooms in St. Elizabeth's, St. Enda's and St. Stephen's units did not afford sufficient personal space, privacy or choice to residents living in these rooms despite now being reduced to four bedded rooms.

Premises issues identified on the previous inspection had yet to be completed:

As found on the inspection of January 2022 sanitary facilities were limited around the units: in St. Elizabeth's sanitary facilities for 13 residents comprised three toilets and one shower. In the first bathroom risks had been identified for residents who wished to access the shower: there was a sloped entrance to the shower which created a trip hazard. The risk was also compounded by the fact that there was a toilet within this room also which could not be accessed independently due to the sloped entrance. According to the person in charge the area had been assessed and a decision taken that it would be difficult to remove the sloped area without major reconstruction. One other toilet was located off the sitting room quite a distance for

an elderly person to negotiate safely. A vacant single room in St Elizabeth's ward was still awaiting redecoration since the previous inspection.

In St Enda's ward there were two toilets and one shower for 8 residents while the remaining 4 residents shared an en suite shower and toilet.

There was inadequate communal space for the number of residents living in the centre, including dining and day space. This was particularly evident in St Josephs 2 unit where there was only one combined sitting and dining room. This space was not adequate for the 17 residents residing there and many residents were seen in their bedrooms during the day. The alternative very small dining space in St Joseph's 2 was still awaiting completion (room 9, currently vacant, was being used for additional dining space temporarily). Only one person had been facilitated to use the additional dining space, room 9, on the day of inspection.

Judgment: Not compliant

Regulation 26: Risk management

The risk register was up to date.

New risks had been added on the week prior to the inspection which indicated that risk was assessed and managed in a dynamic way as part of the daily routine.

Judgment: Compliant

Regulation 27: Infection control

The provider was found to have met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018).

Issues identified on the previous inspection of 15 July 2022 which was specifically related to infection prevention and control had been addressed.

The centre was clean, infection control training was up to date and a COVID-19 contingency plan was in place.

Ward hygiene audits were carried out monthly.

Antimicrobial stewardship formed part of the audit cycle and staff were trained in best practice in this regard.

Judgment: Compliant

Regulation 28: Fire precautions

The provider was found to have taken adequate precautions against the risk of fire:

The fire doors had been checked and repaired since the previous inspection. Residents had personal emergency evacuation plans (PEEPs) on file and these were updated regularly. Fire drills were conducted on a regular basis and improved drill reports were in evidence. The fire safety location maps had been updated since the previous inspection. Staff had completed evacuation drills through stairwells using evacuation sheets and 'ski-pads' as advised on the previous inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector saw that medicine had been left unattended on the bed table of one resident. This presented a risk that the resident might not get the medicine and in addition another resident might take it inadvertently.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector found improvements in care planning since the previous inspection.

Care plans were well maintained and reviewed four monthly. They were seen to reflect the assessed needs of residents. Care plans were seen to be personalised and residents had been consulted in their development. They were found to reflect residents' daily experience and medical and social care needs.

Clinical assessment tools were used to assess risks such as nutrition, falls and skin integrity. Care plans were then developed based on the findings of these assessments to guide staff in meeting the identified needs.

Judgment: Compliant

Regulation 6: Health care

Access to a full health care team was limited by the fact that a number of posts were vacant:

The post of physiotherapist had been vacant since the summer.

The provider stated that this post had been advertised.

An occupational therapist (OT) post was also vacant. A new OT was due to commence in the centre in December 2022.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff were trained in updated knowledge and skills when supporting residents with responsive behaviour (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

A review of these care plans for these residents indicated that residents had behavioural support plans in place, which identified potential triggers for behaviour escalation and any actions and therapies that best supported the resident. Residents had access to psychiatry of older age also.

Judgment: Compliant

Regulation 8: Protection

There were comprehensive measures in place to safeguard residents and protect them from abuse.

The registered provider facilitated staff to attend training in safeguarding of vulnerable persons and the majority of staff had completed this training. Staff spoken with were knowledgeable of how to report any allegation of abuse and residents said they felt safe and they knew who to report their concerns to. The safeguarding team was appropriately consulted for advice in protecting residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' privacy and dignity were compromised due to the layout of some of the multi-occupancy rooms:

For example, in one room a resident could not have their screen pulled around the bed when they requested it as the TV located on the wall near the bed was covered up when this was done. The resident stated that they would have liked to have the screen pulled for privacy reasons. However, this could not be done as the resident in the bed opposite wanted to watch the TV.

Some residents liked to sit in their nightwear by the beds most of the day according to staff and again their privacy was impeded on by the coming and going of visitors to the other residents in the room.

Minutes of residents' meetings did not contain sufficient detail of the issues discussed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Meals were not always properly and safely served:

This was evidenced by the fact that in one room where the curtains were pulled around the beds of two residents they were seen to be eating their dinner: One resident was seen to be lying flat on the bed with her dinner plate on her chest and eating in the lying down position. The second resident was eating from her dinner plate which was positioned on the locker next to the bed. The resident was low in the bed and had to reach up to the plate to access the food with difficulty. Residents had not been positioned safely and the food had not been correctly served. There was a risk to the residents of a choking episode as well as not being able to enjoy the meal in a relaxed manner.

In another room the resident's meal had been left on the bed table without a staff member present to assist with the food. There was a risk that the food would be cold before it was eaten.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant

Compliance Plan for St Finbarr's Hospital OSV-0000580

Inspection ID: MON-0038447

Date of inspection: 08/12/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Nutrition at Mealtime Audit Tool has been revised to reflect the issues identified and improve the mealtime experience for residents. • A member of the Nursing Administration Management team, CNM, Speech and Language Therapist and Domestic Supervisor will participate in twice weekly Mealtime audits. • The Nutrition and Hydration Committee meetings will review and address issues identified in the audits. • The breach in medication management has been addressed with the staff member. • Approval has been received for the redecoration of Room 4 in St. Elizabeth’s. • There are 2 independently accessible toilets in St Elizabeth’s and a third toilet located in the Shower room where assistance is required • The television has been moved to ensure privacy curtains can be closed. • The construction of a new 105 bedded Community Nursing Unit commenced in December 2022 with a completion date of December 2024 which will provide more personal space, privacy and choice to residents. 	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The construction of a new 105 bedded Community Nursing Unit commenced in December 2022 with a completion date of December 2024 which will provide more personal space, privacy and choice to residents. • Approval has been received for the redecoration of Room 4 in St. Elizabeth's. There are 2 independently accessible toilets in St Elizabeth's (one adjacent to the sitting room and the second adjacent to Room 1) and a third toilet located in the Shower room where assistance is required. • St Enda's has 2 toilets and a shower for 8 residents. There is an en suite shower and toilet facility for the other 4 residents. • The Television has been moved to ensure privacy curtains can be closed. • St. Joseph's 2 communal space includes a living room, a library and a third room is awaiting the purchase of furniture which will offer additional dining and recreational space. • Residents are actively encouraged and afforded choice to avail of which dining space they wish to use. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • A National Incident Report form has been completed and logged following the breach in medication management. An incident review has been completed by the Clinical Nurse Manager. • The staff member involved has completed the online HSE land Medication management training programme. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • Physiotherapy referrals are currently sent to the Community Physiotherapy Manager. 	

There is an active recruitment campaign to fill the vacant physiotherapist post.

- The Occupational Therapist commenced employment in St Finbarr's on the 19/12/2022.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The television has been moved to ensure privacy curtains can be closed.
- The construction of a new 105 bedded Community Nursing Unit commenced in December 2022 with a completion date of December 2024 which will provide more personal space, privacy and choice to residents.
- St Finbarr's provides person centered residential care. The residents are actively encouraged and afforded choice around their own personal clothing on a daily basis.
- The Clinical Nurse Manager on each unit will ensure that detailed minutes of the Residents forum meetings are recorded. A copy of the minutes will be forwarded to nursing administration to review and respond as necessary.

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- The Audit of Nutrition at mealtime's tool has been revised to improve the mealtime experience for the residents.
- A member of the Management team, CNM, Speech and Language Therapist and Domestic Supervisor will participate in these twice weekly audits.
- The Nutrition and Hydration Committee meeting will address issues identified from these audits.
- The Speech and Language therapist has provided guidance on the correct positioning of residents at mealtimes, which has been circulated to all staff and will be available to provide training to staff going forward.
- Designated coloured trays will be used for residents that require assistance /supervision at mealtimes. The meals of resident's who require assistance will only be served from the ward pantry when a staff member is available to assist the resident, ensuring that meals

are properly served and that mealtimes are protected.

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 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 3.	Not Compliant	Orange	31/12/2024
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	31/12/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate	Substantially Compliant	Yellow	16/01/2023

	quantities of food and drink which are properly and safely prepared, cooked and served.			
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	09/01/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	09/12/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in	Substantially Compliant	Yellow	09/12/2022

	accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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	31/05/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	06/01/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	06/01/2023
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	06/01/2023

	radio, television, newspapers and other media.			
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