



**Health  
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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:	26 January 2022
Centre ID:	OSV-0000580
Fieldwork ID:	MON-0034018

## 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 13 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
Wednesday 26 January 2022	09:00hrs to 18:15hrs	Mary O'Mahony	Lead
Wednesday 26 January 2022	09:00hrs to 18:15hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

The overall feedback from residents was that St. Finbarr's Hospital was a nice place to live in and residents felt their rights were generally respected. Staff had implemented a person-centred approach to care and were observed by inspectors to be kind and caring towards residents. Inspectors met and 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. The effect of the visiting restrictions associated with the national pandemic of COVID-19 were described as "very upsetting". Residents were found to be well informed about all aspects of the virus and were happy that currently there had been relaxation of the visiting rules. Residents told inspectors that the staff were "dedicated people" and they praised them for their patience and care. Residents appeared well groomed and were dressed in their choice of clothes. Inspectors also met a number visitors who were visiting their family members at various times throughout the day and were very complimentary of the service and care provided.

Inspectors arrived unannounced to the centre and were guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, wearing a face mask, and temperature check. Following an opening meeting with the clinical nurse manager 3 (CNM3) and the director of nursing (DON), inspectors were accompanied on a tour of the premises. 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 which suited their specific needs. The buildings were reflective of their era, having been built in the 19th century, Efforts had been made over the years to improve the lived experience of residents but the limitations of the buildings prevented staff from creating a less institutional, more homely environment overall. Plans were in place for a new 105 bed, state of the art facility on site, which was due to commence construction in late 2022.

Residents in the four bedded rooms in St Elizabeth's and St Enda's units spoke positively about the additional bedroom space available to them since the rooms had been reduced from six beds to four in the last couple of years. They said "it couldn't be nicer". One resident stated that they were offered a single room but preferred to have company, however it was something that she was considering for the future. Other residents said they would prefer a single room and more space if it was available. Residents were delighted that their photographs and personal items had been placed near their beds and a spacious chest of drawers had been purchased for each resident for small items of clothes and personal effects. Inspectors observed that the rooms had been reconfigured and decorated since the extra beds had been removed and residents now had a curtain which could be pulled all around the larger bed space for additional privacy. In St Enda's unit however, residents in one of the four bedded rooms had limited space due to the shape of the room and the presence of an en suite toilet and shower in one corner of the room. While the en suite facility was a great addition for the residents involved it had a negative

impact on the space and privacy available to them within the bedroom. Consequently the room appeared cluttered. All four residents were present in the room at the time of inspection: two residents were in bed, one was walking about and the fourth was in her bedside chair. Beds were found to be very close together, a commode was located at the end of one bed and it was difficult to see how residents' privacy could be maintained when receiving support with intimate care needs, having their meals, speaking with a doctor or receiving a visitor. All residents in this room had small half-height wardrobe spaces and were seen to have four or five outfits each to choose from. As the hanging space was so limited one resident said that her family took home the excess clothes for storage. This lack of wardrobe space was replicated throughout the other units and the inspectors saw that residents clothing were hanging outside of the wardrobe as there was not enough hanging space provided.

Premises issues and issues related to personal possessions were addressed in more detail under the relevant regulations in the Quality and Safety dimension of this report.

Notwithstanding the enduring issues with the design and layout of the premises inspectors observed personalised, kind and warm interactions between staff and residents throughout the day. Residents in St Stephen's unit praised staff saying "you couldn't say a word against them". One resident said that he felt safe in the centre and he was heard to chat freely with staff who were seen to understand and empathise with him. Visitors were seen coming and going all day. They were guided by staff to follow the infection control rules set out to prevent the spread of any infection and they willingly took part in the ritual. One resident said that she had all the care and comfort she required. Her needs were high and she was grateful for the additional expertise which the staff had consulted to ensure that she got the best available care. She said there "was no other place I want to be" at this stage of her life. Her visitors were home from abroad and she was delighted that they could finally travel without restrictions. Another visitor was seen to bring in a "take away" to their relative and they were both seen having a lovely chat over their chips and potato pies. The resident said it was great to have a little private sitting room to fully relax and enjoy the visit. Staff told the inspector that this had been a weekly occurrence. It was nice to see that residents were encouraged to continue their home routine in the centre which helped them settle in. This was supported by social care plans based on their life experiences to date. Residents agreed that this gave them a sense of autonomy and they felt that their rights were acknowledged and respected. Meals were nicely presented and served from the kitchenette on each unit having been prepared in the kitchen on the main campus. Menus were displayed and residents said the meals were tasty with appropriate portions. Every evening there was an additional late tea round at 8pm which residents said was very welcome and provided hot milk, sandwiches, tea, or biscuits before bed.

In St Joseph's unit, residents appeared to be well-cared for, neatly dressed and groomed according to their preferences. A number of residents had their nails beautifully painted and their hair groomed. Inspectors heard exchanges of meaningful conversations between residents and staff. Inspectors observed staff interact with residents in a kind and respectful manner and it was evident that the

staff knew the residents well. One resident told inspectors that the staff were very important to them and provided great care, comfort and company. Another informed inspectors that they were lucky to live in the centre and loved their single room. They said that staff were quick to come to their aid whenever they needed help. Inspectors observed that call bells were promptly answered and staff maintained a calm atmosphere when attending to residents' needs. Residents' independence was seen to be encouraged, for example encouraging residents to mobilise, eat and drink according to their ability. Nevertheless, inspectors 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 .

Throughout the centre visiting was undertaken in line with the Health Protection Surveillance Centre (HPSC) 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' of July 2021. Visitors were known to staff who welcomed them and actively engaged with them. Visitors were seen to come and go during the day. 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.

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

Inspectors found that 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 and clearly set out in the centre. The management team had been proactive in responding to a number of findings on previous inspections particularly in relation to the reduction in the number of residents in multi-occupancy rooms. Consequently the provider had applied to remove the condition placed on the registration of the centre relating to compliance with the regulations on premises. Inspectors found that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. Nevertheless, some improvements were required in the provision of staff training in this section of the report and in areas such as premises and personal possessions, as highlighted under the Quality and safety dimension of the report.

This inspection was carried out to inform the registration renewal and to evaluate how the improvements had impacted on the lived experience of residents. It was found that the provider had made changes to the premises which resulted in an overall occupancy level of 74 residents, reduced from 79 on the previous inspection. The proposed overall reduction in occupancy was achieved by extending the

available bedroom space to include a unit previously unoccupied, resulting in an additional four single bedrooms.

There was a senior HSE manager nominated to represent the provider, which was the Health Service Executive (HSE). This senior manager was actively involved in the centre, liaising with the management team in the implementation of the required changes and attended the feedback meeting held at the end of the inspection by "Zoom". 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 person in charge joined inspectors during the day even though it was her scheduled day off. The ADON reported to a director of nursing who has overall responsibility for the whole campus, which includes rehabilitation services that are not part of the designated centre. Other managerial supports include an additional ADON, a CNM 3 and two night superintendents.

Inspectors acknowledge that residents and staff living and working in the centre have been through a challenging time while trying to protect residents from the virus and supporting them at times of visitor restrictions. They were satisfied that they had been successful in keeping the designated centre COVID-19 free.

Inspectors saw evidence of a good level of preparedness in the event of an outbreak of COVID-19. There was a comprehensive COVID-19 emergency plan in place with risk assessments carried out in each unit. The units 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. On each of the five units there was a single bedrooms set aside for isolation purposes, which staff said was required in this COVID-19 era to prevent onward transmission of an outbreak, particularly as there were multi occupancy bedrooms in all units. 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). Household staff spoken with were found to be knowledgeable of their training and the products in use. Staff were seen to wear their masks appropriately and visitors were also offered masks for their individual protection.

Inspectors found that there were sufficient staff available to meet the needs of the residents. Staff files were well maintained. A review was required of staffing levels in relation to the provision of activities. Inspectors were informed that staff who had been redeployed to the activity team during the COVID-19 'lockdown' periods had returned to their original posts which meant that this team was now depleted. This was addressed under Regulation 9: resident's rights.

As found on all previous inspections the management team engaged proactively and positively throughout the inspection. All the required documents were accessible and made available for inspection purposes. Residents and relatives whom the inspector spoke with were complimentary about staff and the management team. This was also reflected in satisfaction survey results where inspectors saw that one relative said that the resident had become "more communicative and interacts better" since



her admission.

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. For example, the use of sedative medicine was audited as well as behaviour escalation, bruising and the use of bedrails. Following completion of audits, there was evidence that an action plan had been developed and the issues were discussed at each management meeting. However improvement was required in some management systems to ensure oversight of training and premises issues as outlined under Regulation 23.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for renewal of registration was received in a timely manner.

Judgment: Compliant

#### Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The required annual fee had been submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was experienced in management in the centre. She fulfilled the requirements of the regulations and was suitably qualified. She was engaged in continuous professional development and was supported by a management team who had additional expertise and knowledge.

Judgment: Compliant

#### Regulation 15: Staffing

A review of the roster was seen to reflect the staffing levels discussed with the

person in charge. There were sufficient staff on duty, in various roles, on the day and night of inspection to meet the assessed needs of residents. Each of the units which made up the designated centre was staffed independently with clinical nurse managers, staff nurses, health care assistants, kitchenette assistants, household staff and maintenance support.

Judgment: Compliant

## Regulation 16: Training and staff development

A number of staff staff were overdue attendance at the regulatory, mandatory training. This was a repeat finding from the previous inspection in 15 July 2020.

- Four staff had yet to do their updated safeguarding training, which was required every three years according to the training matrix.
- Records revealed that approximately 47 staff had yet to be attend their two-yearly update in responsive behaviour training.
- Inspectors found that 10 staff had not attended the mandatory annual fire safety training.

In relation to appropriate training required for the role:

- Three staff were yet to attend updated training in Manual handling required every three years according to the training matrix.

Judgment: Not compliant

## Regulation 21: Records

- A review of a random sample of five staff files indicated that all the required regulatory documents were held for staff.
- Records required for inspection were well maintained and easily retrievable.
- The provider gave assurance that all staff had the required Garda Síochána (Irish Police) vetting clearance in place prior to commencing employment.
- All the required regulatory records were accessible and made available to inspectors.

Judgment: Compliant

## Regulation 22: Insurance

The centre was appropriately insured in line with all Health Service Executive (HSE) run centres.

Judgment: Compliant

### Regulation 23: Governance and management

Some Management systems were not sufficiently robust to ensure the service was appropriately and effectively monitored

This was evidenced by:

- Ongoing non-compliance in relation to the provision of up to date mandatory training as outlined under Regulation: 16 Training and staff development
- Lack of provision of adequate storage space for residents as outlined under Regulation: 12 Personal possessions
- Ongoing premises issues as outlined under Regulation: 17

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Each resident signed a contract on admission which set out the fees to be paid and the services to be provided for residents. Bedroom numbers were identified on the contracts as well as the type of bedroom to be occupied, that is, single, twin or four bedded.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose was updated to reflect changes in the centre and the reduction in occupancy.

Judgment: Compliant

### Regulation 31: Notification of incidents

Specific incidents had been notified to the Chief Inspector in accordance with the regulations, in a timely manner.

These included an outbreak of infection or a sudden death of a resident.

Learning from incidents was identified and put into practice.

Judgment: Compliant

### Regulation 34: Complaints procedure

- Complaints were seen to be recorded in detail and each element of the complaint was documented.
- Complainants were advised of the appeals process and advised to use this if they were dissatisfied with the outcome of any complaint.
- Complaints were recorded at unit level and then collated into a central system to provide management input and oversight.

It was apparent that genuine attempts were made to address the issues involved in a number of complaints and to communicate with all parties.

For example: multi-disciplinary meetings were called to ensure that a transparent approach was adopted. All relevant parties had been involved to ensure they were informed of any changes in residents' wellbeing or care needs.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies and procedures required under Schedule 5 of the regulations, and policies related to the management of the COVID-19 virus, were maintained and updated as required, and within the regulatory time frame.

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 respectful of their wishes and choices. The findings of this inspection were that improvements had been maintained in the quality of life for

residents due to the reduction in bed numbers in the multi-occupancy bedrooms. In addition, since the previous inspection the bedrooms were reconfigured for the benefit of residents within the rooms which enhanced the personal space available to them and improved their quality of life. There was evidence of good consultation with residents and their needs were being met through timely access to healthcare services and improved opportunities for social engagement. Residents' meetings were held and surveys were undertaken which were in the main, seen to be praiseworthy of the service and the staff. Staff were seen to be knowledgeable, kind and respectful to residents. Nonetheless, this inspection found that some improvements were required in premises, personal possessions, care planning, health care and fire safety.

Inspectors found that additional improvements had been made to the premises. For example, a hallway next to St. Stephen's unit that was previously reserved for isolating residents with infectious diseases, such as tuberculosis, was now opened and the four single bedrooms and small visitors' room had been made available for residents' accommodation. In St Elizabeth's unit the sitting room had been renovated and contained lovely dressers, book shelves, a clock and a variety of board games and activity items. A new quiet room, a library, a residents' toilet and a store room had been created off the sitting room. Residents' bedrooms had been personalised with their photographs and there were large TVs available in each section. Long-term plans were in place for a new centre to be built on the existing site with a proposed completion date of 2023, with planning permission secured for the new building.

While it is acknowledged that recent and ongoing improvements to the environment have the potential to enhance the quality of life for residents currently living in the centre, it must also be noted that these are interim improvements and are limited by the constraints of the era of the building and the current location within these large old buildings. The fact still remains that many residents are accommodated in multi-occupancy bedrooms that compromises their privacy and dignity. In particular, in St. Enda's, St Joseph's 2 and St. Elizabeth's, there continued to be inadequate communal space and in some units there were inadequate sanitary facilities. Premises issues were further outlined under Regulation 17 in this report.

Residents in 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. A COVID-19 contingency plan was in place and was updated in line with any new HSE guidelines. Inspectors found that there were improvements in the storage of PPE and in the maintenance of PPE stations on each unit for visitors and staff.

The care plan system ensured that information about residents was accessible; however, further work was required to ensure they were updated and contained evidence of best evidence-based practice as highlighted under Regulation 5: Care planning. Residents' healthcare needs were met with good access to the gerontology team as well as individual GPs, if that was the resident's preference. 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 in St. Joseph's unit. However, this service was now available and the OT was seen to be present around the units on the day of inspection. One resident stated that she had got her new personalised chair following an assessment by the OT. She spoke about how comfortable it was and how it had enhanced her daily life.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had in general, completed training in adult protection and demonstrated their knowledge of this aspect of care. Those spoken with were aware of the actions to be taken if there were suspicions or allegations of abuse. There was an up-to-date adult protection policy available. Systems were in place to promote safety and effectively 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 or the centre having to be evacuated.

Effective systems had been developed for the maintenance of the fire detection and alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) on file and these were updated regularly. Fire drills were conducted on a regular basis and there was a positive focus on fire safety in the centre. 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. Documentation in relation to fire evacuation drills required improvement however, as addressed under Regulation 28.

It was evident to inspectors that there had been improvements in the provision of daily activities for residents. To support this one nurse and one care assistant had been identified on each unit to ensure that residents had a meaningful activity each day. These staff members supported the activity team who worked between the five units. Individual 'i-pads' gifted to residents were seen to be in use for music and video calls. Mass was said in the centre on a rotational basis between units each week. Nevertheless, a number of residents still spent a significant amount of time in their bedrooms which may be due to the lack of sufficient communal space in this COVID-19 era, as it would be difficult to maintain a social distance for dining and sitting space within the one room available for communal events in each unit.

## Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were taking place in line with the current Health Protection, Surveillance Centre (HPSC) guidance. Visits were encouraged with appropriate precautions to manage the risk of introducing COVID-19. Visitors were required to wear a suitable mask, use hand sanitising gel and have their temperatures checked

prior to entering the centre.

Judgment: Compliant

### Regulation 12: Personal possessions

Wardrobe space was limited in a number of multi-occupancy bedrooms to small, half width, half-height wardrobes and a chest of drawers for each resident. Increased space was required to enable resident to store a variety of clothes and to prevent clothes being stored on chairs or having to be taken home for storage

- In one resident's bedroom numerous items of clothing were seen hanging outside the wardrobe as there was not sufficient room inside to store them all.
- A number of residents told inspectors they would like more wardrobe space.
- One resident said she sent her extra clothes items home due to insufficient space.
- Not all wardrobes were adjacent to residents' individual bedroom space which made access to their personal clothing difficult..

Judgment: Not compliant

### Regulation 13: End of life

There had been improvements in this aspect of record keeping since the previous inspection.

- End-of-life wishes were recorded and in some cases residents were seen to have signed their plan for future care wishes.
- These were updated four-monthly and the GP input was clearly signposted, communicated and recorded.
- Palliative care expertise was available to guide best evidence-based practice. This expert advice was welcomed by the care team to enhance the care of residents and records were seen to be detailed and person centred.

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 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.

While improvements were noted on this inspection due to a reduction in the number of residents in all the multi-occupancy bedrooms there remained a number of issues to be addressed:

- Sanitary facilities were limited around the units: in St. Elizabeth's sanitary facilities for 13 residents comprised two toilets and one shower. The first bathroom contained a shower which was the only shower available for residents. A risk was identified for residents who wished to access the shower: there was a sloped entrance to the shower which created a slip 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. Staff pointed out that the toilet could not be accessed while a shower was in progress which further limited residents' access to toilet facilities in a unit where there were only two toilets available to residents. The other available toilet was located off the sitting room quite a distance for an elderly person to negotiate safely.
- In St Enda's ward there was one toilet and one shower for 9 residents while the remaining 4 residents shared an en suite shower and toilet.
- There was no access to a safe, enclosed outdoor area for residents in St. Elizabeth's, St. Enda's or St. Stephen's unit. The external area in use for St Enda's and St Elizabeth's residents presented a high risk as it was also used for deliveries and there was a motor bike parked there on the day of inspection. All the external furniture required painting and upgrading and it was currently not an inviting area for residents, despite the colourful murals, to avail of the fresh air if that was their wish.
- Despite a painting programme under way at the time of inspection there were areas of the centre that require renovation due to damaged walls and paint scuffed on woodwork.
- A vacant single room in St Elizabeth's ward required upgrading and painting.
- One four bedded room in St Enda's ward did not meet the privacy and dignity needs of residents as the en suite facility intruded on the space available. The layout of the room was more suitable for three residents.
- 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 day/dining room which was not sufficient for the 17 residents residing there and many residents were seen in their bedrooms.
- A broken worktop edge required replacement as this would impede effective cleaning.

Judgment: Not compliant



## Regulation 26: Risk management

- A COVID-19 risk register was maintained along with individual clinical and non-clinical risk assessments.
- The health and safety statement had been updated and an emergency incident management policy was in place.
- The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks.
- Risk assessments and controls were set out in individual residents' file related to COVID-19 and for example for any resident at risk of aspiration or falls.

Judgment: Compliant

## Regulation 27: Infection control

This centre had not had an outbreak of COVID-19 in the residential units since the start of the pandemic apart from a couple of isolated cases.

- There was a plentiful supply of PPE available. Staff were seen to wear PPE appropriately and to hand wash in the recommended manner.
- Appropriate infection control signage was displayed at hand wash sinks, by the hand sanitising dispensers and at the entrance to each unit.
- An enhanced programme of cleaning had been developed this was supported by a detailed audit tool to ensure compliance with the cleaning processes. The provider had a system in place to ensure that there were adequate supplies of masks, PPE and hand hygiene products.
- Hand sanitising gel met the infection control requirement to be provided in sealed pouches.
- The centre was seen to be very clean throughout. Household staff spoken with were found to be knowledgeable of the products in use and of the training they had undertaken. A colour coded system was in use for cleaning which meant that there were separate cloths used for bedrooms, bathrooms and general areas. This minimised the risk of cross infection.
- Staff in the kitchenettes in each unit had received appropriate food safety training.
- Sluice rooms were clean and in one sluice room a new macerator (a machine for disposable sanitary products) had just been installed.

Judgment: Compliant

## Regulation 28: Fire precautions

Not all fire drill records seen were sufficiently detailed to include the actions taken during the drill, the good practice observed and any issues which required improvement. More detail was needed to assess improvement at each session.

An external fire exit door at the bottom of one stairs required repair as it could not be closed properly.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Inspectors saw that although residents had a nursing assessment completed prior to admission and there was an ongoing assessment process, involving the use of a variety of validated tools to assess each resident's risk of deterioration, the findings in relation to care planning from the sample of residents' files viewed were mixed.

Although there were comprehensive care plans seen for some residents', care plans for other residents were not as comprehensive. Inspectors saw examples of a nutritional care plan for a resident with a PEG feeding tube in situ (Percutaneous Endoscopic Gastrostomy feeding) however, the resident was no longer on a PEG feed and instead was receiving food via a nasogastric tube. There was some information in relation to this further down in the interventions but this care plan should have been discontinued and a new care plan commenced to fully detail the resident's requirements and prevent errors.

Overall, a number of care plans were not sufficiently detailed and did not contain the required information to guide person-centered care and safe practice.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspectors were not assured that a high standard of evidenced based care was consistently provided to residents in relation to wound care.

There were a number of residents with pressure ulcers at the time of the inspection and there were mixed findings in relation to care given.

In one situation there was evidence of a scientific assessment having being undertaken at each dressing change and up to date photographs to establish and assess improvement or deterioration of the wound.

However, in a different unit there was no scientific assessment and photographs on the system were not up to date. Therefore it was difficult to stage and monitor the

wound progress correctly.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Staff identified residents who could display responsive behaviours (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 a number of these care plans 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.

For example, one resident had been moved to a single room to support more restful nights.

Residents had access to psychiatry services also.

Judgment: Compliant

### Regulation 8: Protection

Inspectors were made aware of the 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: deficits in training were addressed under Regulation 16, in the Capacity and Capability dimension of this report.
- Staff spoken with were knowledgeable of how to report any allegation of abuse.
- Residents spoken with said they felt safe and they knew who to report their concerns to.
- Records reviewed by inspectors indicated that the safeguarding team was consulted for advice in protecting residents.
- The person in charge provided assurances of the ongoing commitment to training and addressing any allegations of abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

As found on all previous inspections, the rights of residents and their privacy and dignity was negatively impacted by the institutional design and layout of the centre. This issue was outside the control of those working in the centre on a day-to-day basis and the new build was eagerly awaited.

While it was evident to inspectors that there had been improvements in the provision of daily activities for residents, this required ongoing review and supervision as the activity team was currently under resourced. An internal recruitment drive had failed to fill the vacant post for the team leader and while the list of activities was impressive this would be difficult to sustain over five units without a coordinator to supervise and assess the availability, record residents' attendance and evaluate the success of each activity session.

As found on previous inspections a number of residents still continued to spend a large part of the day by their bed due to the fact that dining space was limited in the main communal room in each unit which combined the limited space available into both sitting and dining space.

Due to the layout of the multi-occupancy rooms residents shared one TV which meant they did not have a choice of programme readily available and it was not always easy to watch TV when in bed.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	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
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not 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	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially 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



# Compliance Plan for St Finbarr's Hospital OSV-0000580

Inspection ID: MON-0034018

Date of inspection: 26/01/2022

## 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• The COVID-19 pandemic impacted significantly on the training schedule due to restrictions imposed and social distancing guidelines. Mandatory training took place where possible with reduced numbers in attendance. Responsive behavior training will be facilitated for all staff that require this update.</li> <li>• Safeguarding training has moved online and staff who are due to update this training have been asked to complete this 7/3/2022.</li> <li>• Three additional Fire training sessions have been organised and staff who require an update will attend these sessions on the 16/2/22, 21/2/22 and 7/3/22.</li> <li>• Staff who's Manual Handling training is out of date will have completed training by March 31st 2022</li> </ul>	
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"> <li>• The COVID-19 pandemic impacted significantly on the training schedule due to restrictions imposed and social distancing guidelines. Mandatory training took place where possible with reduced numbers in attendance. Trained schedule is outlined under Regulation 16</li> <li>• Storage space for resident's possessions has been reviewed and will be improved with the purchase of new double sized wardrobe space.</li> </ul>	



- The construction of a new 105 bedded Community Nursing Unit is due to commence in the third quarter of 2022.

Regulation 12: Personal possessions

Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Storage space for resident's possessions has been reviewed and will be improved with the purchase of new double sized wardrobe space, which will ensure that all residents have sufficient storage for their possessions.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The sloped entrance to the shower room in St. Elizabeth's Unit will be reviewed by the maintenance department to see if improvements can be made.
- No Parking Signs have been placed in the enclosed area outside St. Enda's & St. Elizabeth's Units
- Any outstanding painting issues will be addressed
- New external furniture will be acquired for the outside areas and old furniture removed.
- A Review of the Dining room space will take place to see where improvements can be made.

In the interim and as an immediate measure Room 9 in St Joseph's unit upstairs will be solely used as additional dining/communal space along with the library space.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The Management simulated evacuation fire drill has been discussed with all ward managers to ensure a more detailed and comprehensive report that reflects the good practice observed and the effectiveness of the evacuation will ensure that a more detailed assessment of the fire drill is recorded, 10/2/2022.
- The external fire exit door at the bottom of one stairs has been repaired and now

closes properly 8/2/2022.	
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> <ul style="list-style-type: none"> <li>• An audit of all Care Plans will be completed and where shortfalls are identified this will be addressed with further education and training.</li> <li>• The nutritional care plan of resident receiving nutrition via nasogastric tube has been revised and updated appropriately to reflect nutritional requirements 27/1/2022.</li> </ul>	
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"> <li>• St. Finbarr's implements the HSE National Wound Management Guidelines 2018, which all staff should adhere to. This policy has been recirculated to staff outlining the key principles of the policy. Education and training in relation to Wound Care management will be provided for staff to ensure that scientific assessment and photographic evidence in the residents care plan is current and accurate.</li> <li>• An audit of all Care Plans will be completed and where shortfalls are identified this will be addressed with further education and training by the 30/4/2022.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The Activities Co-Ordinator Post has been re advertised internally and if unsuccessful will be advertised externally</li> <li>• A Review of the existing communal spaces will take place to see where improvements can be made</li> <li>• The construction of a new 105 bedded Community Nursing Unit is due to commence in the third quarter of 2022.</li> </ul>	



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(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 particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	30/09/2022
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	Not Compliant	Orange	30/09/2022

	and other personal possessions.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/05/2022
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 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	31/12/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	08/03/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and	Substantially Compliant	Yellow	08/03/2022

	<p>emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.</p>			
Regulation 5(4)	<p>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.</p>	Substantially Compliant	Yellow	30/04/2022
Regulation 6(1)	<p>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 accordance with</p>	Substantially Compliant	Yellow	30/04/2022

	professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/08/2022
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	31/12/2024
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	31/05/2022