



**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 June 2023
Centre ID:	OSV-0000580
Fieldwork ID:	MON-0037349

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	71
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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 June 2023	09:15hrs to 17:30hrs	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 good place to live where 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. A number of residents told the inspector that the staff were "very good and attentive". The inspector saw a steady flow of visitors at various times throughout the day and they were complimentary of the activities and the staff.

The centre consisted of five separate units located within three buildings at various locations on the campus. The units in St Finbarr's hospital were reflective of the era having been built in the 19th century. The limitations of the buildings prevented staff from creating a more homely environment overall, despite a number of welcome, and ongoing, improvements over the years. Building work had commenced on a new 105 bed, state of the art facility on a site on the campus. The expected date of completion was estimated as, within the next two years. Residents had been made aware of the building progress and the future plans for improved, modern, more private, accommodation.

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, and Regulation 17: Premises, in this report. Despite the ongoing issues with the age, design and layout of the premises, the interactions between staff and residents were seen to be person-centred and kind. The six-bedded rooms had been decreased to contain four bedded rooms and larger wardrobes had been installed for each individual. Residents said they were happy that their photographs and personal items had been placed nearer or behind their beds, and a spacious chest of drawers had also been purchased for each person's personal clothes. One resident proudly showed the inspector her framed personal, art work which she thought would be "worth a lot of money". In one unit residents said it was great to have a small private sitting room and a library, to receive visitors and have a quiet space to sit. However, these rooms were not seen in use on the day of inspection.

There were informative social care plans in place to support the activity provision, which had been greatly enhanced since previous inspections, as described throughout the report. Art was particularly popular and detailed colourful examples adorned walls in each unit. Art class was held in the activity centre on a weekly basis. The inspector was accompanied on a tour of the activity centre during the inspection. Six residents were observed sitting there with the speech and language therapist (SALT), enjoying a cognitive stimulation therapy session. The activity coordinator said that this was a 14 week course which staff were also attending, to learn skills on how to introduce it on all units. Staff informed the inspector that the aim of the course was to enhance residents' memory and cognition skills. The inspector observed that residents were really enjoying the session and were

interacting happily with the therapist who obviously knew the residents well. The inspector observed reminiscence boxes, a selection of vinyl records and DVDs, games, jigsaw, art supplies, card making projects and other crafts for residents' use. In another unit of the centre, a group of residents were seen in the garden enjoying the lovely sunshine of the day. It was a well planted garden, with flowering plants and trees, which added to the relaxed and peaceful atmosphere. Staff said that residents enjoyed sitting there, or being wheeled around the paths by staff or relatives.

In the dining rooms menus were displayed for each meal and residents said the meals were tasty, with adequate portions served. There was an audit of the mealtimes being undertaken on the day of inspection and the results of these ongoing monthly audits were fed back to staff to inform best practice. Staff confirmed this, and auditing staff spoken with said that the data and information gathered was also used to improve the menu and design training for staff on supporting residents with meals. Residents spoken with confirmed that late supper was provided before bed, with hot milk, sandwiches, tea, or biscuits on offer. 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. A number of large specialised chairs were required for some residents' comfort and these invariably took up a lot of space in the communal room. The room available for communal use served as both a dining and sitting area. An additional small room had been converted into an alternative dining space. However, a number of residents still dined at the bedside, as this room, while nicely decorated, was only suitable for two residents. In general, a number of residents remained in bed during the day or sat at the bedside for the day, even though the activity coordinator stated that the increased staffing of the activity staff group, meant that residents were getting out more to the gardens, the activity centre, to the garden parties and to outings in St Finbarr's mini-bus.

Good practice was acknowledged throughout the day. The inspector observed that call bells were responded to without delay. A resident said that the bell was always answered by night staff also, and they felt safe in the centre. The centre was very clean and staff followed appropriate infection control guidelines. One member of the housekeeping staff expressed pride in their work. They said that they were only satisfied when there was "a good shine" on the floors.

During the day visitors came and went at various times. They were seen to be welcomed by staff. A number were observed to show residents pictures and videos from family members, on their mobile phones or on the i-pads, which delighted residents, who said it connected them to home. The i-pads had been gifted by the 'friends of the hospital', along with a number of other items and treats, including a weekly take-away meal for residents, which was eagerly looked forward to.

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

Capacity and capability

The inspector 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. A number of areas of good practice were 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, premises, care planning, fire safety and rights, as highlighted under the Quality and Safety dimension of the report.

A senior HSE manager was 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. She 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). Other managerial support included one additional ADON, the domestic supervisors and two clinical nurse managers (CNMs) on night duty.

The care team in each unit was comprised of a clinical nurse manager (CNM), a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff. Complaints management and key performance indicators (KPIs, such as falls, restraint and antibiotic use) were reviewed and discussed at staff and management meetings. The annual review of the quality and safety of care for 2022 had been completed. The audit schedule was set out at the beginning of the year and aspects of residents' care including the judicious use of antibiotics, were audited monthly. Clinical indicators were being monitored in areas such as wounds, infections, and dependency levels. The registered provider had a number of written policies and procedures available to guide staff in best evidence based care, as required under Schedule 5 of the regulations.

The service was generally well resourced. The training matrix indicated that staff received training appropriate to their various roles. External trainers were employed to deliver manual handling training, safeguarding training workshops, and fire safety training. Staff handover meetings and staff meetings ensured that information on residents' needs was communicated effectively. Information seen in the daily communication sheet in residents' care plans provided evidence that relevant information was exchanged between day and night staff. Care plans however

required some action, as described under Regulation 5, in this report. Copies of the appropriate standards and regulations were accessible to staff.

The inspector found that records and additional documents required by Schedule 2, 3 and 4 of the regulations were available for review. A sample of staff files were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff prior to commencement of employment. There was a comprehensive complaints and incident management system in place.

Regulation 14: Persons in charge

The person in charge was knowledgeable and was seen to be well known to residents and relatives. The person in charge fulfilled the requirements of the relevant regulations.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty roster and communication with residents and staff it was found that the levels and skill-mix of staff at the time of inspection were sufficient to meet the needs of residents.

There was a stable and dedicated core team of staff in St Finbarr's Hospital, which ensured that residents benefited from continuity of care from staff who knew them very well.

Judgment: Compliant

Regulation 16: Training and staff development

According to records seen mandatory and appropriate training was delivered in the centre, and attendance at the sessions was monitored by the management team.

Training, as per the centre's policy and appropriate to the sector, was found to be up-to-date.

Staff told the inspector that training was easily accessible. In addition to the on-line training the management team had arranged for workshops to be held, in areas requiring further discussion of scenarios, for example, safeguarding and dementia

care training.

Staff were appropriately supervised and supported to perform their respective roles. There was a comprehensive induction and appraisal programme in place to support robust recruitment and retention of staff.

Judgment: Compliant

Regulation 21: Records

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

Staff files were well maintained and contained the regulatory documents.

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.

This was evidenced by:

The oversight of fire safety required in relation to the evacuation of residents with specific evacuation requirements, as set out under Regulation 28.

Oversight of premises issues:

Some painting and flooring required upgrading.

Communal rooms were not sufficiently spacious to meet the needs of all residents.

Toilets were not always easily accessible.

Oversight of the care planning processes.

This was described under Regulation 5.

Maintenance of residents rights: in relation to assistance required, as outlined under Regulation 9.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that outlined the services to be provided, the room number to be occupied and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated since the previous inspection, as one room located in another building, was now closed for use, the document contained a description of the premises, the complaints procedure, arrangements to meet residents' rights and the management structure.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required under Schedule 5 of the regulations were available in the centre.

Policies were seen to have been updated every three years or when there were new developments, such as, the addition of COVID-19 guidelines to relevant policies.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were in receipt of a good standard of care in St Finbarr's hospital. The inspector found that residents received person-centred and safe care from a team of staff who knew their individual needs and preferences. The quality of residents' lives was enhanced by the provision of a choice of meaningful activity during the day. Nonetheless, on this inspection, some

improvements were required in premises, care planning, rights and fire safety, as described under the relevant regulations.

The inspector was assured that residents' health-care needs were met to a high standard. There was weekly access to the new medical officer, a general practitioner (GP), who was described as attentive and supportive. Systems were in place for referral to specialist services as described under Regulation 6: Health-care. Residents' records evidenced that a comprehensive assessment was carried out for each resident prior to admission, which underpinned the development of a relevant plan of care. An occupational therapist (OT) was now accessible for residents. Regular physiotherapy services had yet to be procured for residents, even though this could be accessed by referral. This was addressed under Regulation 6: Healthcare.

Despite the obvious drawbacks associated with the age and era of the building, the registered provider had invested in continuously upgrading the premises, which had a positive impact on residents' quality of life. Painting of the centre was underway and new furniture and pictures had been bought. The centre was observed to be very clean and staff were seen to adhere to good infection control practices, in relation to hand hygiene protocol and the management of infections and antibiotic use. A new building had commenced on an adjoining site, which was progressing as planned.

There was good practice observed in the area of fire safety management within the centre in general. Certification was available in relation to servicing of fire safety equipment. Fire safety checks were comprehensive. Advisory signage was displayed in the event of a fire. Training records evidenced that drills were completed, taking into account times when staffing levels were lowest. This meant that staff became familiar with the challenge of evacuating a number of residents at times of higher risk. However, there were a number of aspects of fire safety evacuation management, which required action, as highlighted under Regulation 28.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and their related responsibilities. Adequate arrangements were in place for the management of residents' finances, in line with the HSE policies.

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu based on their individual food preferences and dietetic requirements such as, gluten free diet or modified diets. This aspect of care had improved since the previous inspection. The person in charge had organised increased mealtime audits and updated staff training, in supporting residents who required help to eat.

The inspector found that residents were free to exercise choice on how they spent their day. It was evident that residents were consulted about the proposed changes in the centre, formally, at residents' meetings and informally through the daily interactions with the management and staff team. Minutes of these meetings were available for review. Nevertheless, there were a number of issues found which

impacted on residents' rights, and these were outlined under Regulation 9: in this report.

Regulation 17: Premises

Similar to findings on previous inspections, 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.

As found on the inspection of June 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 one of the three toilets was located within this room, 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.

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 Joseph's unit 2, 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 was only suitable for one to two residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

Food was varied and well presented.

Residents had a choice at each meal and modified diets were seen to be served, where this need had been identified.

Staff were seen to support those who required help with their meals.

An audit of the dining experience was undertaken monthly and the action plans from these were seen to inform improved practice.

Where residents were not happy with aspects of the food, arrangements were made

for them to meet in person with the kitchen personnel.

This arrangement was followed up and overseen by the person in charge and the catering officer.

Judgment: Compliant

Regulation 26: Risk management

The risk register was up to date.

New risks had been added as required, which indicated a proactive approach to risks, which were assessed and managed appropriately.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there was good practice in relation to infection control.

Issues identified on the previous inspection had been addressed.
There were sufficient dedicated hand wash sinks and hand sanitising gels available.
An infection outbreak had been well managed and residents had recovered.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had failed to ensure that all measures were taken to ensure aspects of fire safety management were addressed:

For example: The personal emergency evacuation plans for residents were not sufficiently detailed.

This was of particular concern in relation to two residents who resided upstairs and had very specific evacuation needs.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There were some aspects of care planning which required action:

By way of example:

- End of life care plans were not up to date to ensure residents' current wishes were known to staff or all advanced care wishes were clearly identified.
- A sample of care plans and associated information reviewed had not been updated four monthly, as required by legislation, or whenever a resident's status had changed following medical intervention. In particular, this was significant for a resident who had two recent hospital admissions for severe pain: their care plan for pain management had not been updated since January 2023. In addition, a care plan for medicine management was not clear, it was not up to date and did not provide sufficient guidance to ensure the resident's needs were met.
- Risk assessments were not always interlinked with the care plan updates, where necessary, for example when updating care plans where the resident's status had changed, such as, a risk assessment for a person who smoked had not been updated.

Judgment: Substantially compliant

Regulation 6: Health care

Health care was well managed in the centre:

Since the previous inspection a new medical officer had been appointed, to manage the medical care of residents in the designated centre. Staff said this was a very satisfactory arrangement as residents now had regular GP access.

A review of residents' medical records, in the above care plans, found that recommendations from residents' doctors and other health care professionals were integrated into residents' care plans. This included advice from the dietitian, the speech and language therapist (SALT) and the occupational therapist (OT).

A range of clinical assessment tools were used to underpin and inform the development of care plans. One such tool, the malnutrition universal screening tool (MUST), was used to assess and identify any resident at risk of malnutrition.

Judgment: Compliant

Regulation 8: Protection

The provider had put measures in place to safeguard residents and protect them from abuse.

Staff attended training in safeguarding of vulnerable persons. Staff spoken with were knowledgeable of how to report any allegation of abuse and residents said they felt safe and knew who to report concerns to.

The safeguarding team and the advocacy service were seen to have been appropriately consulted, for advice in protecting residents.

Judgment: Compliant

Regulation 9: Residents' rights

Upholding residents' rights, in the area of residents' different abilities, to include access to suitable assistive furniture, required strengthened, as follows:

One resident, who had been assessed as suitable for a new motorised, specialised wheelchair, was awaiting completion of the process to acquire the chair, which would have improved their independence. The resident stated that they were waiting for the chair for a period of time.

A second person was also awaiting a new specialised, larger wheelchair, for which they had been assessed as suitable a number of weeks ago. This was particularly important as the previous wheelchair was no longer suitable, and the hot weather added an additional urgency to support the resident's mobility opportunities.

Access to a dedicated physiotherapist had not been procured. This was necessary to support residents' mobility and improve their strength and independence. While referral processes were in place there was a delay in access due to the processes involved.

One resident, who was in bed, stated that the incorrect amount of fluid "thickener" had been added to his glass of milk. This had not been addressed and the milk remained on his bed table.

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 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Finbarr's Hospital OSV-0000580

Inspection ID: MON-0037349

Date of inspection: 08/06/2023

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"> • All resident's Personal Emergency Evacuation Plans have been reviewed. • The upgrades in painting and flooring have been notified to the maintenance department. • St. Joseph's 2 communal space includes a living room, a library and a third communal room which offer additional dining and recreational space. • There are 2 independently accessible toilets in St Elizabeth's and a third toilet located in the Shower room where assistance is required. • The new purpose built 105 bed Community Nursing Unit has a completion date of December 2024 will provide more personal, communal and recreational space, privacy and choice to residents. • All end of life care plans have been reviewed and updated as required. • All residents care plans have been reviewed and updated. • The Clinical Nurse Manager will review the residential care record on a monthly basis and will ensure that the risk assessment/care plan are appropriate and relevant to the resident. <p>An audit of the residential care records is completed as part of the Viclarity audit schedule.</p>	

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"> • 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. Joseph’s 2 communal space includes a living room, a library and a third communal room which offer additional dining and recreational space. • Residents are actively encouraged and afforded choice to avail of which dining space they wish to use. • The new purpose built 105 bed Community Nursing Unit has a completion date of December 2024. This will provide more adequate sanitary facilities and communal space for the residents. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • All resident’s Personal Emergency Evacuation Plans have been reviewed. • One Resident has been relocated to a ground floor room accommodation. As an interim measure the second resident has been relocated to a more spacious room, which is adjacent to a fire compartment corridor, this is to ensure the risk is managed appropriately while the resident is awaiting ground floor accommodation to become available. Their Personal Emergency Evacuation Plans have been revised to reflect the changes. • The Moving and Handling instructor has reviewed the Personal Emergency Evacuation Plans evacuation for both residents. • Staff have completed day and night simulated emergency evacuations for both residents. Evacuation drills are conducted simulating night time conditions in order to ensure night time staffing levels are sufficient for evacuation purposes. • There are monthly management simulated fire evacuation drills in each residential unit. • Staff Fire Safety training includes Fire Safety Theory sessions, Fire Equipment training 	

and Fire Evacuation drills. This Fire Safety training is conducted on an annual basis taking into consideration all residents profiles within St Finbarrs Hospital.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- The residents care plans have been reviewed and updated appropriately. The Clinical Nurse Manager will review the residential care record on a monthly basis and will ensure that the risk assessment/care plan are appropriate and relevant to the resident. An audit of the residential care records is completed as part of the Viclarity audit schedule. Shortfalls that are identified will be addressed with further education and training as required.

Regulation 9: Residents' rights

Substantially Compliant

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

- A comprehensive assessment by the occupational therapist will be completed to assess the resident's suitability for a motorised wheelchair. This screening will include cognitive and perceptual screening as well as a power mobility skills trial.
- A suitable wheelchair has been secured for the resident in the interim while awaiting the delivery of a specialised wheelchair.
- An active recruitment campaign is in place for the approved post of a Physiotherapist. This post has been upgraded from a basic grade to a senior grade physiotherapist. In the interim all physiotherapy referrals are sent to the Community Physiotherapy Manager.
- Training has been provided to staff on each unit on the thickening of fluids. There is ongoing dysphagia training for staff provided by the speech and language therapist.

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(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	31/07/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	30/06/2023

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/06/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	03/07/2023
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and	Substantially Compliant	Yellow	30/09/2023

	linguistic background and ability of each resident.			
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