Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

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 January 2019
Centre ID:	OSV-0000580
Fieldwork ID:	MON-0025124

About the designated centre

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

St. Finbarr's Hospital is situated in Cork city and accommodates 89 residents; 88 of whom are accommodated in five units within large institutional type buildings. The remaining resident is accommodated in a purpose built room located in another unit, as it was more suitable for this resident's needs. The premises was originally built in the late 19th century on extensive grounds and is proximal to other services such as rehabilitation, dental, mental health, blood transfusion and Health Service Executive (HSE) administration offices, which are located on the same campus. Three of the units are on the ground floor and two are on the first floor, however, the units are not adjacent to each other but are situated at various locations throughout the grounds. Sixty nine of the 89 residents are accommodated in multi-occupancy bedrooms with 46 of these residents accommodated in bedrooms of five or more beds. St. Stephen’s Unit accommodates 16 residents in two six-bedded rooms, one twin bedroom and two single bedrooms. St. Elizabeth’s Unit accommodates 20 residents in three six-bedded rooms and two single bedrooms. St. Enda’s Unit accommodates 17 residents in one six-bedded room, two five-bedded rooms and a single bedroom. St. Joseph's 1 and St. Joseph's 2 are located in the one building, which is located distal to the main campus entrance. St. Joseph's 1 is on the ground floor and accommodates 17 residents in seven single, two twin and two triple-bedrooms. For operational purposes, this unit is divided into two units, with four beds being set aside for residents with responsive behaviour. St. Joseph's 2 is located on the first floor and accommodates 18 residents in seven single, one twin and three triple bedrooms. Access to secure outdoor space is available to residents in St. Joseph's units only.

The following information outlines some additional data on this centre.

Current registration end date:	24/06/2019
Number of residents on the date of inspection:	83

How we inspect

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
08 January 2019	09:15hrs to 17:30hrs	John Greaney	Lead
09 January 2019	08:30hrs to 18:45hrs	John Greaney	Lead
08 January 2019	09:15hrs to 17:30hrs	Mary O'Mahony	Support
08 January 2019	09:15hrs to 17:30hrs	Noel Sheehan	Support
08 January 2019	09:15hrs to 17:30hrs	Niall Whelton	Support
09 January 2019	08:30hrs to 18:45hrs	Niall Whelton	Support
09 January 2019	08:30hrs to 18:45hrs	Noel Sheehan	Support
09 January 2019	08:30hrs to 18:45hrs	Mary O'Mahony	Support

Views of people who use the service

Inspectors availed of opportunities to speak with residents at various times throughout the two days of the inspection. In general residents spoke highly of staff and of the care provided to them. They said that staff were kind and caring and responded to requests for assistance in a timely manner. Residents were happy with the choice of food and the quantities available. Residents stated that they enjoyed the programme of activities. Some residents did, however, comment on the proximity of beds to each other. One relative, speaking on behalf of a partner, stated that they requested a single room due to noise being created by another resident. It was stated that there were too many beds in the room and they were too close together. Another relative stated that the bedroom was a bit crowded and it would be better if there were only four beds in the bedroom as opposed to the current number of six. They stated that it would be good if there was room for their own chair or some more of their property and possessions.

Inspectors spoke to a number of residents that had been admitted on the evening of the first day of the inspection. Inspectors also spoke to relatives of some of these residents. While they did not complain about the admission, they did confirm that they did not have an opportunity to prepare for the admission.

Capacity and capability

This was an unannounced inspection and was conducted following an application from the provider to renew the registration of the centre, which was due to expire in June 2019. The most recent inspection, conducted in April 2018, found that significant improvements were required in relation to governance and management arrangements, predominantly due to inadequate arrangements for the occupation of residents, inadequate supervision of staff, and inadequate access to services such as occupational therapy. It was also identified on that inspection, and on previous inspections, that the physical environment was entirely unsuitable to support residents to have any degree of privacy and dignity in their lives.

On this inspection it was found that efforts had been made to address governance and managements deficits identified on the previous inspections, but some issues remained outstanding, and these issues continued to have an impact on the quality of life of residents living in the centre.The Health Service Executive (HSE) is required to address some deficits in overall governance and management as evidenced by:

- a failure to comprehensively review occupancy levels to inform the profile and number of residents who could appropriately be accommodated in the centre

- findings of repeated regulatory non-compliance from previous inspections
- long-term residents continued to be accommodated in situations which adversely impacted their daily quality of life, privacy and dignity
- a failure to fully explore interim options to address issues with the premises.

There was a named person in charge, responsible for managing the designated centre. The management structure provided to the Office of the Chief Inspector indicated that the person in charge would be supported by a director of nursing, however, on the days of the inspection this post was vacant and had been vacant for a number of months. In addition to the vacant post, many of the other senior nursing managerial posts were held by people on a temporary basis, which impacted on their capacity to be effective in their roles due to uncertainty around possible future reporting relationships.

Observations of inspectors indicated that staff were respectful to residents. This was supported by feedback from residents and relatives, who stated that staff were responsive, kind and caring. Staff members spoken with by inspectors were knowledgeable of residents individual needs. Training records indicated that all staff had attended up-to-date mandatory training and through discussions with staff, it was evident that this training was effective. Improvements had been noted around the supervision of staff. Nursing management now visited the units on a daily basis. Where performance of staff was not at the desired standard, additional supervision arrangements were put in place and performance improvement plans were implemented.

It had been identified on previous inspections that the environment was unsuitable, particularly in St. Enda's, St. Elizabeth's and St. Stephen's units. This was predominantly due to the multi-occupancy nature of the bedrooms, whereby five and six residents were sharing bedrooms and the proximity of beds to each other impacted on the privacy and dignity of residents. This was compounded by limited communal space available for residents to spend time away from their bedrooms, to meet with visitors in private or to just spend some time alone. No improvements had been made in this regard and there was inadequate utilisation of available space, particularly in relation to St. Stephen's unit, where available space was under utilised and not available to residents in the centre. On the first day of the inspection there were six vacant beds and inspectors were informed that there was one planned admission on that day. However, on the morning of the second day of the inspection, inspectors were informed that, in addition to the planned admission, there had been five unplanned admissions on the previous evening. All of these residents had been admitted from the rehabilitation unit, which was located on the same campus. There was inadequate consultation with residents or their relatives about being admitted to the designated centre and residents and relatives were only informed two to three hours prior to being transferred. At least two of the residents were awaiting placement in other designated centres and would therefore have to relocate to another new environment in the days or weeks ahead. One resident stated that he did not know for how long he would be in the centre and that it had come as a surprise to his family to find that he was no longer in the rehabilitation unit.

Fire precautions in the centre was reviewed by an inspector of estates and fire safety. Improvements were required to ensure that the systems of governance and management in relation to fire safety and the identification of risk are effective and that the service provided is safe. Examples of this include;

- there were bedrooms accommodating six residents, when a fire safety risk assessment report, dating back to August 2011, recommended the occupancy should be reduced to four.
- poor practices in relation to the storage of oxygen cylinders in the centre.
- building maintenance.

Inspectors noted that throughout the centre there was a piped oxygen supply, piped gas supply and oxygen cylinders. A 'Hazardous Area Classification Risk Assessment' dated September 2017 which identified numerous examples of poor practice in relation to the storage of oxygen cylinders. This report included recommendations, some of which were found not to be implemented. This was brought to the attention of the person in charge and the registered provider.

Records of fire safety training showed that the provider was proactive and had made adequate arrangements for staff of the designated centre to receive training in fire prevention and fire emergency procedures. This training was carried out annually.

Regulation 14: Persons in charge

There was a new person in charge, appointed in June 2018. The person in charge was a registered nurse and had the required experience in care of the older person. It was evident throughout the two days of the inspection that the person in charge was knowledgeable of residents and was engaged in the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers of staff and skill mix on duty to meet the needs of the residents living in the centre on the days of the inspection. Staff were rotated to work in different units approximately every two years. While this was recognised as good practice, some residents remarked that it would be beneficial if the rotation was staggered, so that there was not a significant change in staff at one time

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of training records indicated that there was a comprehensive programme of training and all staff had attended up-to-date training in areas such as manual and people handling, responsive behaviour, fire safety and safeguarding the vulnerable adult.

Judgment: Compliant

Regulation 21: Records

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

Judgment: Compliant

Regulation 22: Insurance

Evidence that the centre was adequately insured was available for review.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required in relation to governance and management arrangements, such as:

- a key role in the governance and management structure was vacant
- a number of senior nurse managers were acting in the roles in a temporary capacity
- there was inadequate utilisation of available space to address unsuitable bedroom accommodation and inadequate communal space
- residents had been admitted in an unplanned manner and without proper consultation
- there was not always evidence of follow-up to issues raised at management meetings.
- a failure to comprehensively review occupancy levels to inform the profile and

number of residents who could appropriately be accommodated in the centre
- findings of repeated regulatory non-compliance from previous inspections
- long-term residents continued to be accommodated in situations which adversely impacted their daily quality of life, privacy and dignity
- a failure to fully explore interim options to address issues with the premises.
- activity resources were not being utilised to their maximum potential.
- inadequate consultation with residents or their relatives about being admitted to the designated centre
- ensuring that the systems of governance and management in relation to fire safety and the identification of risk are effective and that the service provided is safe

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care. The contract did not include the overall weekly fee to be paid and did not include the terms relating to the bedroom to be occupied by the resident or the number of other residents in that bedroom.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required review. For example:

- the statement of purpose made reference to a staff member that no longer worked in the centre
- sanitary facilities were not satisfactorily detailed
- the number of beds in each unit was not clearly stated for all units

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers were appropriately supervised and Garda vetting was in place for all volunteers. Roles and responsibility, however, were not outlined for all volunteers.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of records indicated that notifications required to be submitted to the office of the chief inspector were submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

While the complaints process was clearly outlined the notices on display were not all updated to reflect the current complaints officer. Complaints were recorded in each of the units and a copy was sent to the person in charge on a monthly basis to ensure that complaints were adequately addressed at unit level. A review of a sample of complaints indicated that not all complaints were recorded and there was inadequate detail of the investigative process and the outcome of the complaint.

Judgment: Not compliant

Quality and safety

The findings of this inspection were that the registered provider had failed to implement the necessary changes to influence the prevailing culture of a nurse-led medical model of care to a social model of care to enable residents to have a fulfilled quality of life. While some staff understood and demonstrated a strong person-centred approach to care and interactions with residents, the prevailing culture was that of a hospital, focused on caring for 'patients'. Daily routines and practices did not reflect the fact that the centre was a person's home or recognise that while health impacts quality of life, it should not define quality of life for residents.

Overall, residents' health needs were met to a good standard. Improvements were

observed in the provision of social care to residents, however, further improvements were required to ensure that the social care needs of residents received adequate attention. Some cosmetic improvements had been made to the environment in an attempt to make it more homely, however, significant deficits remained in the design and layout of three of the five units in the centre with regard to it's suitability as an environment for residents in long-term care.

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

Residents spoken with were complimentary of staff and most commented that they felt safe in the centre. Any concerns expressed by residents to inspectors in relation to the quality of care provided were brought to the attention of management. Where there were allegations of abuse, these were investigated and adequate safeguarding measures were put in place while the investigation was underway.

There had been a significant reduction in the use of bedrails over the past year. Where bedrails were in place, there was an adequate assessment of the risks associated with the use of bedrails and safety checks were done while bedrails were in place. Inspectors were informed, however, that the proximity of beds to each other impacted on the use of alternatives to bedrails, such as crash mats, as there was insufficient space.

Medical cover was provided by an assigned medical officer from Cork University Hospital for four of the five units and by a general practitioner(GP) for the fifth unit. Records indicated that residents were reviewed on a regular basis. Improvements were noted in care plans, and from a sample reviewed, many were personalised and provided good guidance on the care to be delivered to residents. Care plans, however, were not always reviewed at suitable intervals and there was not always evidence of consultation with residents or their relatives. For example, the inspector got conflicting information from relatives and staff with regard to the frequency that a resident would like to sit in a chair. A review of this resident's care plan indicated that relatives had not been consulted with regard to the development of the care plan.

Prior to admission to the centre, pre-admission assessments were usually carried out by clinical nurse managers to ensure that the centre could meet the needs of proposed new residents. This was particularly important in light of the environment of some of the units, which would be wholly unsuitable to residents with a high level of independence and mobility. Pre-admission assessments, however, had not been completed prior to the unplanned admission of five residents on the first day of the inspection. It was therefore not possible for staff to ascertain if these residents needs could be met in the centre.

There was improved access to allied health services and in particular to occupational therapy. All residents in speciality chairs had been assessed by a private occupational therapist to ensure that their chairs were suitable to their needs and a number of new chairs were on order with delivery awaited. There was also good access to dietetics, speech and language therapy and physiotherapy with evidence of regular review.

An additional staff member had been assigned as an activity coordinator since the previous inspection and there were now in excess of three whole time equivalent staff coordinating activities. These staff were supported by a large number of volunteers who were seen to support the more dependant residents participate in activities, which in turn contributed to an improved quality of life for these residents. Improvements were noted in the provision of activities and residents were observed to be enjoying activities over the two days of the inspection. Discussions with residents, however, identified that activity resources were not being utilised to their maximum potential.

A new programme had been introduced called the "Butterfly Moment". This was intended to encourage staff to support residents participate in an activity that was meaningful to them, separate from the structured programme of activities. Observations of the inspectors, however, indicated that this was not being implemented as intended. While this is a commendable programme, further work is required to ensure that it actually contributes to enhancing the quality of life of residents.

In relation to fire safety, inspectors were not satisfied that sufficient measures were in place to ensure the safety of residents if a fire was to occur in certain parts of the building.

The main area of concern was the ability of staff to evacuate residents from 'St.Elizabeths Ward' and 'St. Enda's Ward'. There were six bedrooms with between five and six residents in each. The configuration of these rooms included a structural column obstructing the path of escape from each. Furthermore, the positioning and number of beds in the room meant that evacuation of residents required a specific sequence of moving beds, irrespective of where in the room a fire may start or which beds were occupied. For example, if a fire started near a bed at the back of the room, staff would be required to move between four and five beds in a specific sequence before being able to move the resident in the bed closest to the fire. Staff spoken with confirmed that escape from these rooms, although feasible, was difficult. The evacuation procedures from one room required that all beds had to be

raised, the air mattress motor lifted, electric beds unplugged and bed rails raised prior to commencing evacuation from the room.

The registered provider had made arrangements for a fire safety risk assessment, dated August 2011, to be carried out in the centre. This assessment identified a risk where the number of beds in a bedrooms exceeds the recommended four bed limit. The recommendations in the fire safety risk assessment were not implemented in this regard. In order to maintain an occupancy of greater than four residents, the recommendations included the provision of an appropriate automatic fire suppression system or to undertake a detailed time line study where the actual time to evacuate the six-bedded rooms is compared with a technical analysis of safe egress time based on fire modelling. This had not been explored. There were eight bedrooms providing accommodation for five/six residents. The report also stated that in the interim, enhanced fire safety management, including additional drills and enhanced attention to fire prevention should be implemented. Inspectors were not assured in this regard due to the poor practices in relation to the storage of oxygen and the fire drill records.

In relation to other recommendations contained in the report, it was evident that considerable works had been completed resulting in significantly improved levels of fire safety for residents in the centre. At the time of inspection, it was not clear if the programme of works were complete. The registered provider subsequently confirmed the works were complete other than reducing six-bedded rooms to four.

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

Inspectors noted emergency shut off buttons for the gas supply in two kitchens. There was no signage in place and staff did not know what the button was for. This was brought to the attention of the person in charge, who arranged for temporary signage to be placed there immediately. It is noted that this had been identified in the hazard area risk assessment report in September 2017.

There was poor practice in relation to the storage of oxygen cylinders. For example, there were four loose oxygen cylinders inappropriately stored in the treatment room of St. Stevens Unit. The cylinders were stored haphazardly amongst combustible items and were not on suitable stands. Inspectors also noted a treatment room in St Joseph's Unit where a bulb that didn't fit the light fitting was hanging from exposed electrical wires. There was an oxygen cylinder in this room also. An immediate action was issued in this regard. On the first day of inspection, an electrician replaced the light fitting.

Inspectors noted that the centre was provided with emergency lighting, fire fighting equipment and a fire detection and alarm system throughout. The fire detection and alarm system was provided with a main panel and additional repeater panels throughout and the system was capable of identifying the location of an activated device.

Records showed that the emergency lighting, fire fighting equipment and a fire detection and alarm were being serviced at the appropriate times. However, the certification for the fire detection and alarm system identified the system as an

L2/L3 category system, and did not meet the required L1 standard.

In general, inspectors found that the centre was appropriately subdivided with construction which would resist the passage of fire and smoke. There was however a few areas which required attention. For example, there was a large crack through a wall and a large hole around an electrical socket in walls forming part of the fire rated enclosure to the escape route in St. Josephs Unit. Other areas where services penetrated fire rated construction required fire stopping.

In general, fire doors throughout the centre were in good condition and fit well into the frame without gaps. Inspectors noted that the bedroom doors throughout St. Joseph's Unit were not fitted with self-closing mechanisms and as such, were not assured that fire doors would close in the event of a fire. Inspectors noted a number of other fire doors, which did have self-closing mechanisms but were found to have been inappropriately propped open, or loose door wedges were found in the vicinity of the door. This practice was brought to the attention of the person in charge and the registered provider.

The layout of each area of the centre was such that an adequate number of escape routes and exits were provided for residents, staff and other occupants. Escape routes were found to be kept free of obstruction and were readily available for use. Inspectors saw records of daily checks in this regard.

There was an area at first floor in St. Joseph's 2 which was provided with a single escape route for nine high dependent residents. Travel distance in this area exceeded the maximum travel distances in one direction recommended for phased horizontal evacuation in the Department of Environment "Guide to Fire Safety in existing Nursing Homes and similar type premises" publication. At the time of inspection, inspectors were told that a drill for this area had not taken place. The escape route from this area requires review. The registered provider subsequently arranged for a drill from this area under the supervision of a trained professional.

Staff spoken with were knowledgeable on the procedures to follow in the event of a fire, however some improvements were required to ensure the effectiveness of the evacuation procedures. For example, some staff spoken with did not identify the oxygen shut off valve, when describing the procedures to follow in the event of a fire.

Inspectors were told by staff that the procedure for evacuating residents from first floor areas stopped at horizontal evacuation only and reliance was placed on the fire department arriving in a short time to assist evacuation. While it is acknowledged that the designated centre is in close proximity to the fire station, inspectors were not assured that the registered provider had made adequate arrangements for evacuating, where necessary in the event of a fire, of all persons in the designated centre and safe placements of residents. Inspectors were told that although evacuation pads were placed in some units, training had not been provided in relation to their use.

The drawings displayed around the centre depicted primary and secondary escape routes, but did not illustrate the extent, size and location of fire compartments

necessary for phased evacuation

Regulation 10: Communication difficulties

Staff members spoken with by inspectors demonstrated a good knowledge of the various communication needs of residents. Staff were seen to actively engage with residents and took the time to ensure they were understood. Communication aids were sourced for residents with communication difficulties and supports such as audio books were made available to residents with a sight impairment.

Judgment: Compliant

Regulation 11: Visits

There were open visiting arrangements and visitors were seen to freely come and go throughout the two days of the inspection. As found on previous inspections, there was not adequate communal facilities for residents to receive visitors in private away from the resident's bedroom. This is further compounded by the fact that a large number of residents live in multi-occupancy bedrooms, many of which have five beds or greater.

Judgment: Not compliant

Regulation 12: Personal possessions

There were adequate procedures in place for residents to have their clothes laundered and returned to them. Efforts had been made since the last inspection to personalise bed spaces by the installation of shelves by each bed. These were used by residents to store mementos, such as photographs. There continued to be inadequate space for residents to store their clothes and personal possessions and to have access and control of personal possessions. Inspectors were informed that in some of the units this could not be rectified due to the lack of space in the bedrooms.

Judgment: Not compliant

Regulation 13: End of life

Care plans indicated the residents' preferences in relation to end of life were discussed and documented. There was not suitable facilities available for families to spend time alone with residents as they approached end of life.

Judgment: Not compliant

Regulation 17: Premises

The design and layout of the premises did not meet the needs of the residents living in the centre. For example:

- multi-occupancy bedrooms did not support residents' privacy and dignity
- multi-occupancy bedrooms had beds that were too close together
- there was inadequate communal space
- there was inadequate sanitary facilities
- there was inadequate storage space for residents personal property and possessions
- there was inadequate storage space for equipment
- there was inadequate secure outdoor space
- There was inadequate dining space

Judgment: Not compliant

Regulation 18: Food and nutrition

There was a menu displayed on the tables that demonstrated that choice was available to residents. Catering staff had been very responsive to issues raised at residents' meeting in relation to lack of choice and had attended a meeting with management to outline the options available. It appeared, however, that staff were not offering all available options to residents and this was supported by the observations of inspectors, particularly in relation to tea time, when a significant number of residents had sandwiches. Catering staff had also carried out a number of audits of the dining experience and efforts had been made to enhance the experience but these were limited by the poor environment.

There were no separate dining facilities for residents in St. Enda's or St. Elizabeth's and residents had their meals either in the sitting room or in their bedrooms. This

did not contribute to mealtimes being social occasions for residents.

Judgment: Not compliant

Regulation 26: Risk management

A small number of residents smoked but there was no designated smoking area with suitable fire safety equipment, such as a fire blanket.

There was some broken garden furniture and an umbrella stored in an outdoor area that should have been discarded.

Judgment: Not compliant

Regulation 27: Infection control

The centre was generally clean throughout. Hand gels were available at the entrances to each of the units and staff were observed to use personal protective equipment at appropriate times. the were no residents with reportable infectious diseases in the centre on the days of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire

- The risks presented by bedrooms accommodating up to six residents were not adequately mitigated
- There were four loose oxygen cylinders inappropriately stored in the treatment room of St. Stevens Unit. The cylinders were stored haphazardly amongst combustible items and were not on suitable stands.
- There was a treatment room in St Joseph's Unit where a bulb that didn't fit the light fitting was hanging from exposed electrical wires. There was an oxygen cylinder in this room also.

Adequate means of escape were not provided from all areas of the centre;

- The escape route from the multi-bedded rooms in St. Elizabeth's and St. Enda's was obstructed by structural columns. While beds could fit out of the room, the number and location of beds in these rooms meant that beds were

required to be evacuated in a specific sequence.
- The travel distances to the compartment boundary within 'St. Joseph's Corridor 2' exceeded the maximum travel distances in one direction recommended for phased horizontal evacuation in the Department of Environment "Guide to Fire Safety in Nursing Homes and similar type premises" publication. Inspectors were told by staff that a drill had not occurred from this area.

Adequate arrangements had not been made for detecting and containing fires:

- The certification for the fire detection and alarm system identified the system as an L2/L3 category system, and did not meet the required L1 standard.
- Inspectors identified breaches in the elements of construction providing fire resistance to protected corridors. For example, there was a large crack in the wall of a protected corridor and a large hole around an electrical socket of a protected corridor.

Inspectors were not assured that the registered provider had made adequate arrangements for evacuating, where necessary in the event of a fire, of all persons in the designated centre and safe placements of residents.

The drawings displayed around the centre did not illustrate the extent, size and location of fire compartments necessary for phased evacuation

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration practices observed by inspectors were in compliance with relevant professional guidance. Medication management practices were audited by practice development staff, however, pharmacy staff did not conduct any audits. Medicines requiring special control measures were store securely and counted at the end of each shift by two registered nurses. The person in charge was requested to review the practice of storing medications requiring special control measures that were not labelled for individual use for residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

New care planning documentation had been introduced to support staff personalise care plans. In the main, this initiative was effective and a sample of care plans reviewed were predominantly personalised, some more so than others. Improvements, however, were required in relation to the frequency of review and the involvement of residents and their relatives in care plan reviews.

A number of residents had been admitted on the first day of the inspection without adequate pre-admission assessments to ascertain their needs prior to being admitted to the centre.

While staff were knowledgeable of the various triggers that may precipitate responsive behaviour, these were not always documented in care plans. This was particularly relevant when there was a changeover of staff and new staff may not have the same knowledge of residents.

Judgment: Not compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

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

The only form of restraint in use were bedrails and where these were in place, there was a risk assessment completed prior to the use of bedrails and safety checks while bedrails were in place. The proximity of beds to each other limited options available to staff in relation to the exploration of alternatives, such as the use of crash mats and low low beds.

Judgment: Substantially compliant

Regulation 8: Protection

Residents reported feeling safe in the centre and inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

While Improvements were noted in relation to the provision of activities since the last inspection, institutional practices were observed throughout the inspection and this was supported by a review of care related documentation.

A review of the activities programme was proposed but this had not been completed at the time of this inspection, to enable change and improve outcomes for residents. There appeared to be an over-reliance on the activities coordinators to socially engage with residents and it was not seen as the responsibility of everybody to engage and socially interact with residents. While there was an increase in activity resources, these resources were not being maximised to ensure the best possible access to activities for all residents. For example, resources could have been better utilised to ensure that activities were taking place concurrently in different units using activity coordinators and volunteers. It was found that on 6th January 2019, when a number of residents wished to attend religious services, they could not do so because staff were not available to accompany them to the chapel.

Inspectors observed that a limited number of residents used dining facilities for their lunch. Most residents had their meal either in bed or by their bedside.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Not compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Finbarr's Hospital OSV-0000580

Inspection ID: MON-0025124

Date of inspection: 08/01/2019

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The staff in St. Finbarr's Hospital rotate within the units every 2 years, and this was introduced following recommendations from previous HIQA inspections. The rotation of staff among the wards is essential as it reduces the potential for institutionalised practice. We have reviewed the frequency of these changes and the impact that this has on our residents. This year (2019) we have changed this practice to rotating the non-nursing staff in January and the nursing staff in April so that it would reduce the effects on our residents.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: This compliance plan response from the registered provider did not adequately assure The Office of the Chief Inspector that the actions will result in compliance with the regulations. • The Director of Nursing post was advertised nationally through the NRS and interviews were held in February 2019. This post has been filled with the new Director of Nursing commencing the post on 08/04/19. • The Senior Nurse Management positions which are currently filled by staff in acting roles will be advertised subsequently through the NRS system. • The inadequate space available and lack of communal space is due to the nature of the older buildings and this will be addressed with the proposed new build of the 100 bedded unit by 2021. A new storage area has been commissioned for 2 units to address the storage of wheelchairs and equipment and to ensure space is maximised for the residents. This will be completed by 30/04/19.	

• The five residents that were admitted in an unplanned way to the designated centre was a response to a crisis situation where there were significant numbers of patients in CUH on trollies which required emergency admissions from the rehabilitation wards (on site) to the designated centre. Extra staff were allocated to the units to ensure the residents were safely admitted.
• Issues raised at management meetings will be followed up accordingly by the Person in Charge and same will be documented accordingly.
• Occupancy levels have been explored fully and compartment size reduction will ensure compliance with Building Regulations.
• Repeated non-compliance in relation to the premises will be addressed by the implementation of the recommendations from the fire risk assessment.
• Interim measures to address issues with the premises have been explored fully and recommendation of the reduction in the number of people in each compartment will address fire safety issues.
• An audit and full review of the Activity Programme will be conducted to ensure that the resources are being maximised to their full potential. Meeting conducted with the Activities Co-ordinators on 20/03/19 with planned activity audits to be carried out by 30/04/19. An extra WTE person has been appointed to help expand the activities programme. A full review of the activities programme is currently being undertaken by the Person in Charge to ensure the Activities Co-ordinators are utilised to their full potential. Monthly meetings held with CNMs, staff and Activities Coordinator in regards to the "Butterfly Moments" and documentation of same.
• The inadequate consultation with relatives in relation to the five unplanned admissions to the designated centre was an emergency situation. Relatives and residents were informed of the transfer to the designated centre on the day but due to the nature of the emergency adequate time was not available to discuss the transfer in detail. The Person in Charge remained on duty that evening and visited each resident to ensure that they were safe and discussed requirement for the transfer with each resident. The Person in Charge liaised with the Nurse Liaison Officer to ensure that the residents that were transferred were medically stable and access to Allied Health Professionals such as Physiotherapy, Occupational Therapy was maintained following transfer.
• A Fire Risk Assessment was commissioned and undertaken on 08/03/19. It was a comprehensive independent fire risk assessment for all 5 units which has identified areas for improvement as follows:
1. The existing fire alarm system provides coverage throughout the sleeping areas but in some areas does not provide L1 coverage. The fire alarm system will be upgraded to provide L1 coverage throughout the units.
2. Emergency Lighting: All existing fittings are to be checked and if needed remediated/replaced in the next programmed quarterly service.
3. Fire Doors: A full door assessment has been carried out in each unit with a detailed schedule of works for repair/upgrading/replacing of the existing doors.
4. Compartmentation: compartment walls in all units achieve 60 minute fire resistance with FD60s doors (or doors replaced/upgraded to achieve FDS60s standard).
5. Compartment size:
St. Endas/Elizabeths Units; To reduce the number of people in one compartment it is proposed to replace the existing FD30S doors and provide new FDS60S door and frame.
St. Stephens Unit: It is proposed to replace existing FDS30S doors and provide new FDS60S door and frame. This reduces the number of people in each compartment.
St. Josephs Unit; Ground Floor: Some cross corridor doors to be changed to double

action (swing both ways). It is proposed to replace existing FDS30S doors and provide new FDS60S door and frame. Existing FDS60S doors are to be reverted to open in the direction of escape.
St. Josephs Unit First Floor; First floor travel distance: The current arrangement of the first floor bedroom accommodation has been approved by the local fire authority and a certificate has been granted. The first floor as currently laid out is deemed to satisfy Part B of the Building Regulations. It is proposed to replace existing FDS30S doors and provide new FDS60S door and frame. The existing glazing to electrical risers to be blocked up with plasterboard to achieve 60m fire resistance and all service penetrations to be fire-stopped.
6. Fire extinguishers in all units to be certified to meet the requirements of Irish Standard 291:2015.
It is proposed that recommendations from this risk assessment will be completed by: November 2019.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
The contract of care was reviewed and updated immediately following the inspection and now includes the full weekly fee to be paid and also contains information in relation to the bedroom occupied and the number of other beds in that room.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose was reviewed and updated immediately following the inspection and the following was amended:
• Staff member's name that is no longer working there was removed.
• Sanitary facilities are now clearly outlined with details regarding showers/sinks/toilets etc. and measurements of each room is now included in the Statement of Purpose.
• The numbers of beds in each unit is now detailed in the Statement of Purpose.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
A full review of the complaints procedure was undertaken by the Person In Charge and new complaints documentation has been sent to all the units on 07/02/2019 to ensure all complaints are addressed and escalated to Senior Management as required. The Person In Charge is liaising with the Quality and Patient Safety Team and has requested training for Clinical Nurse Managers in relation to managing the First Point of Contact Complaint Resolution. A Complaint Officer workshop was conducted on 26/02/19 in St. Finbarr's Hospital with the Service Feedback Manager and this addressed good practice in relation to complaints management with case study examples discussed. Complaints are also now reviewed monthly at the Quality & Patient Safety meetings with the General Manger and all Directors of Nursing in the Cork/Kerry Group. In keeping with the recommendations of the Ombudsman's Learning to Get Better (LTGB) report, the implementation of the Complaints Management System (CMS) will continue in 2019 as part of Phase 2 of the National NIMS project. The Person In Charge is currently engaging with the Service Feedback Manger around identified gaps in the service to ensure compliance.

Regulation 11: Visits	Not Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
This compliance plan response from the registered provider did not adequately assure The Office of the Chief Inspector that the actions will result in compliance with the regulations.

Open visiting is encouraged in the designated centre and private areas are available for visitors in the Josephs 1 & 2 units. While the available space is limited in Endas, Elizabeths and Stephens units, areas have been identified within the communal areas in these units with access to tea/coffee facilities for visitors to avail of. For any relatives/visitors who have requested private space to visit with a resident we have made provisions for them to have access to this private space in other units as required.
The new unit proposed for 2021 will address this issue fully.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
This compliance plan response from the registered provider did not adequately assure The Office of the Chief Inspector that the actions will result in compliance with the regulations.

All available space has been utilised within the designated centre to ensure residents have access to their personal possessions. Bed spaces have been personalised with new shelves to store photographs, mementoes etc. for the residents. Clothing is stored appropriately in wardrobes/lockers. Some extra wardrobes have been ordered where some residents require more storage space than others, this will be completed by 30/06/19

Regulation 13: End of life	Not Compliant

Outline how you are going to come into compliance with Regulation 13: End of life:
This compliance plan response from the registered provider did not adequately assure The Office of the Chief Inspector that the actions will result in compliance with the regulations.

End of Life care is discussed and documented appropriately to ensure each resident receives appropriate end of life care. If a resident is approaching end of life appropriate measures are taken by staff on each unit such as transferring the resident to a single room which allows private time for families to spend with the resident.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
This compliance plan response from the registered provider did not adequately assure The Office of the Chief Inspector that the actions will result in compliance with the regulations.

• Privacy and dignity is maintained at all times in each unit, the inadequacy in relation to bed space, communal space, sanitary facilities, storage, secure outdoor space and dining space will be addressed by the proposed new building in 2021.
• A storage unit has been approved for Endas/Elizabeths units for the storage of wheelchairs and equipment in both units to maximize the available space for residents. Same will be completed by 31/04/19.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
On the day of the inspection there was a staff member working on one of the units where residents received sandwiches, this was addressed with the staff member the day after the inspection and is not common practice. The Domestic Supervisors will monitor and maintain the level of choices of food available for residents at mealtimes to ensure all staff are complying with same. Dining room audits have been conducted which have enhanced the dining room experience for our residents. Our menus have been reviewed

in conjunction with the Catering Officer to ensure a wide range of choices are available for all residents. The Person In Charge has addressed this at the ward managers meetings to ensure that the CNM's in each unit also monitor the meals served to the residents.
All residents are encouraged to have their meals in the communal rooms in each unit and the tables are set accordingly to ensure the residents have the appropriate dining experience.

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
• St. Finbarr's Hospital is a smoke-free campus and all residents are encouraged to avail of smoking cessation alternatives. There are no designated smoking areas for this reason. Where a resident smokes, a risk assessment is conducted and appropriate care plans are put in place to minimise the risks associated with this. If residents choose to smoke appropriate measures such as smoking aprons are put in place and the resident smokes outdoors. Suitable fire safety equipment was in place at the time of the inspection and a smoking blanket has now been put in place at the entrance to the garden as a precautionary measure. This was implemented immediately following inspection as recommended.
• The maintenance department removed broken garden furniture immediately following the inspection and the gardens have been cleaned.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The fire risks regarding the multi-occupancy rooms in each unit have been addressed with timed evacuations from each unit conducted in conjunction with the Fire Officer. Monthly fire evacuations will be conducted to enhance fire safety in each unit. Also there will be enhanced fire training to include evacuation sheet training, education regarding gas and oxygen shut off valves location with the Fire Safety training provider. There has been evacuation sheet and ski-pad training provided for units that require vertical evacuation in the event of having to evacuate the residents from the first floor units.
• Bedroom doors in St. Josephs 1 & 2 units- the fire cert that was originally issued for these units was issued without the self-closing mechanisms in place on these doors. Following the Fire Risk Assessment these will be put in place if it is recommended.
• Oxygen cylinders that were stored inappropriately were removed immediately on the day of inspection. Inspection of other units was conducted with the maintenance department and all Oxygen is now stored appropriately.
• All maintenance issues as highlighted during the inspection have been addressed and the Person In Charge has conducted an inspection of each unit with the Head of Maintenance. Ward managers in all units have sent lists of required maintenance requests for repairs to be addressed which is on-going.
• Individual fire plans are in place in Endas and Elizabeths units to address the fire safety

procedures for these units in conjunction with the Fire Safety Officer.
• Regarding the issue regarding travel distance in Josephs 2 fire evacuation procedures – the single room at the end of this ward appears to be outside the travel distances required and following on from the risk assessment this may need to be reconfigured to become compliant. The Fire Certificate was granted to this unit with this room in place. There has been a timed fire evacuation and fire sheet evacuation to the stairwell in Josephs 2.
• L1 standard for fire detection and alarm system will be implemented following the tendering process and design for same.
• Breeches in the walls/corridors noted by the inspectors on the day have been repaired following the inspection with fire stopping which is currently on-going.
• Evacuations drawings including the extent, size and location of fire compartments are now in place in each unit.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Appropriate control measures are in place regarding the storage, administration and recording of control drug medications in line with best practice and NMBI regulations. These medications are not labelled for individual use as the medications provided for all residents in the units are not blister packaged individually. There is a pharmacy on site with a dedicated pharmacist. Medication audits are conducted on an annual basis and will now be completed on a 6 monthly basis for 2019.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• All care plans will be reviewed regularly and families/relatives will be consulted with the plan of care for the resident.
• Regarding the emergency admission of five residents on the first day of the inspection it was not possible to conduct a pre-admission assessment due to time constraints. The Nurse Liaison Officer in consultation with the Person in Charge ensured that the residents who were transferred were deemed safe and suitable for transfer on the day.
• Staff advised to document triggers to responsive behaviour and same will also be reiterated during responsive behaviour training going forward.
• Changeover of new staff had occurred on 01/01/19 and the inspection occurred on 08/01/19 so some staff still required time to be knowledgeable regarding each resident's individual needs.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Bedrails have been reduced significantly (71% reduction) and all bedrails in use have appropriate risk assessments and safety checks in place to ensure the safety of the residents.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
This compliance plan response from the registered provider did not adequately assure The Office of the Chief Inspector that the actions will result in compliance with the regulations.

Resident's rights are maintained through a broad range of meaningful activities that incorporate the bio-psychosocial aspects of each resident's well-being. This is implemented through individual activity assessments for each resident based on their preferences, past interests etc. and family involvement is encouraged regarding resident's with communication difficulties. There has been an extra WTE Activities Co-coordinator assigned to improve the activity programme and a full review and audit of the activity levels on each unit is currently in progress. This will ensure that these resources are maximized to their full potential.
In regards to residents who wish to attend religious services the Person in Charge will ensure that staff are assigned to work every Sunday to facilitate same.
The "Butterfly Moments" intervention has been implemented in all units to ensure that all staff engage in meaningful activities with the residents. This intervention captures small moments in a person's life with positive meaningful engagement on a daily basis and has had a positive outcome in regards to staff engagement. This will be continued to be promoted and encouraged in all the units.
Residents are encouraged at all times to attend the dining facilities for their meals and the dining room experience has been audited for our residents to enhance this experience. Staff will continue to encourage the residents to attend the dining room and will respect the resident's choice regarding same.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(1)	The registered provider shall make arrangements for a resident to receive visitors.	Not Compliant	Yellow	26/03/2019
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	31/12/2021
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure	Not Compliant	Yellow	31/07/2019

	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.			
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Yellow	31/07/2019
Regulation 13(1)(c)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that the family and friends of the resident concerned are, with the resident's consent, informed of the resident's condition, and permitted to be with the resident and suitable facilities are provided for such persons.	Not Compliant	Yellow	31/12/2021

Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	08/01/2019
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2021
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Yellow	10/01/2019
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	08/04/2019

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	28/02/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	31/05/2019
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable	Not Compliant	Orange	30/11/2019

	fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/11/2019
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	08/03/2019
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	08/03/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire	Substantially Compliant	Yellow	09/04/2019

	control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	09/04/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	08/03/2019
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are	Substantially Compliant	Yellow	10/01/2019

	displayed in a prominent place in the designated centre.			
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Substantially Compliant	Yellow	31/07/2019
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	14/01/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	28/02/2019
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a	Substantially Compliant	Yellow	30/03/2019

	prominent position in the designated centre.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Not Compliant	Yellow	01/03/2019
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	31/01/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Not Compliant	Yellow	01/03/2019

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	14/01/2019
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Yellow	31/12/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Yellow	30/04/2019
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.	Not Compliant	Yellow	31/12/2021