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:	28 May 2024
Centre ID:	OSV-0000580
Fieldwork ID:	MON-0043229

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:	68

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
Tuesday 28 May 2024	09:00hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

This was an unannounced one day inspection in St Finbarr's Hospital designated centre. There was a relaxed atmosphere in each unit and staff were observed to be kind and caring towards residents. The inspector spoke with residents in each of the five units throughout the inspection day, and spoke with seven residents in more detail to gain their insights into living in the centre. In general, residents said that they were satisfied with the care and service provided. A number of residents told the inspector that the staff were "so good, kind and attentive". Nonetheless, some residents said that they were looking forward to the new building and hoping that the garden would be more accessible as they were unable to go outside independently due to the poor condition of the pathways around their unit. The service had access to a bus and one resident told the inspector of the varied outings organised over the past few weeks, and said that they missed the outing at the weekend to the garden centre, as they had visitors. Another outing they missed was the visit to an iconic Cork chipper, but said they might make it next time. The inspector saw visitors at various times throughout the day in all units, some visited their relative in the designated visitors' room, other in their bedrooms, while more stayed in the dayroom and joined their relative in the activities.

The centre comprised five separate units located within three buildings at various locations on the campus. St Finbarr's Hospital was a 19th century building and while refurbishment was visible, the layout of the units created significant limitations to the ability to create a residential homely environment. Nonetheless, building works were near completion of a new 105 bed facility, with the expected date of completion in early 2025. Residents spoken with were aware of the new build and said that updates were provided as part of the residents' meetings. Some residents asked to see the new build and staff took them for a walkabout on the campus to see the location and building works in progress.

Some units were secure and required swipe access to enter. Fire safety precautions were displayed on each unit; these emergency evacuation floor plans had a point of reference and emergency exits; primary and secondary escape routes were not differentiated on these plans. The statement of purpose, information on advocacy services and the independent confidential recipient were displayed. Some units had a complaints' procedure displayed, one unit did not, and another unit had the person in charge from several years previous detailed as the complaints officer. While the activities programme was displayed in each unit, this was not a comprehensive reflection to inform residents of the activities available on a daily basis and as a reminder staff to encourage residents to attend.

As found on the previous inspection, most bedrooms were multi-occupancy twin, triple and four-bedded rooms, some with en suite facilities. There were bath, shower and toilet facilities throughout each unit, however, these facilities were limited on one unit. Some residents had access to double wardrobes, and others a single wardrobe; additional chest of drawers were available to some residents. Communal

space on some units was limited and storage space for large assistive equipment was inadequate as wheelchairs were seen to be stored in communal rooms.

The activities centre was located near St Enda's unit, and The Alzheimer's Café was hosted here on a monthly basis. Large family gatherings, parties and other events were held in this room as it could hold a large crowd, including art classes. Mass was live-screamed on the television and residents explained to the inspector that they went to the day room to view it there. Mass was celebrated in the church on site every Sunday and approximately 20 – 25 residents attended this. It was reported that activities occurred on each unit throughout the day, with unit staff assigned to activities when the activities co-ordinators were in another unit. There was lots of different activities seen on one unit with fun and craic between residents and staff; two other units had bingo and residents said they looked forward to bingo, they were seen to take it very seriously and volunteers helped residents complete their bingo books and lovely interaction was observed. There were no activities in the afternoon in one unit and residents appeared to be in the same position at 3pm as they were at 10:30am when the inspector saw them initially.

In the dining rooms, tables were laid with cutlery and glasses prior to residents coming for their meal. There were no menus visible and residents spoken with did not know the menu choice for their meal.The inspector saw that residents had choice and positive feedback was given regarding the quality of food served. Meals were well presented and resident had their own gravy or sauce jug with their meal. Assistance was offered to residents in a relaxed and respectful manner. As described heretofore, dining space throughout the centre was inadequate to enable all residents have a dining room experience should they choose.

In general, the centre was seen to be visibly clean with a few exceptions. Some water outlets in hand-wash sinks were visibly unclean. One staff was seen to use a handwash sink in a resident's bathroom to completed hand-washing following delivery of personal care to the resident. A resident's medicated shower gel was seen in a communal shower tray. There were lots of additional advisory signage displayed regarding hand washing procedures even though the information was part of the hand-soap dispenser.

Appropriate signage was displayed on doors with rooms where oxygen was stored. Many rooms such as sluice rooms with clinical waste, household cleaners' rooms with cleaning chemicals, and nurses stations with confidential records, were unsecured. All units had a sluice room with bedpan washer and a macerator, clinical hand-wash sink and second sink.

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 structure, required by regulation, was clear. St Finbarr's Hospital is a residential care facility operated by the Health Services Executive (HSE), the registered provider. It is registered to accommodate 73 residents. The general manager for the CH04 area was the person designated to represent the registered provider. On site, the governance structure comprises the person in charge who reports into the director of nursing (DON). Deputising arrangements are in place for times when the person in charge is absent from the centre.

The person in charge held the role of an assistant director of nursing (ADON) and has responsibility for the day-to-day operational management of the designated centre in compliance with legislation. Other managerial support includes CNM3 on night duty. On each unit, management oversight comprises a clinical nurse manager 1 and 2 (CNM); a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff. The service was supported by a practice development co-ordinator who provided training on site.

This was an unannounced inspection as part of on-going regulatory monitoring of the service and to follow up on the actions from the previous inspections. The inspector found that actions required from the previous inspection relating to medication management, some fire safety precautions, care planning documentation, and manual handling practices had been addressed or in the process of completion. On this inspection improvements were required in relation to the ongoing matters related to the premises, fire safety, infection prevention and control, staff supervision relating to the activities programme available to residents. Evidence of these findings will be discussed throughout the report under the relevant regulations.

The service was well resourced regarding staffing. The training matrix indicated that mandatory and other training was scheduled for staff appropriate to their various roles. Dementia training was facilitated on-site during the inspection and review of the roster showed several staff attended this. Training relating to infection control, manual handling and lifting, safeguarding and fire safety for example were scheduled and facilitated. Staff handover meetings, safety pauses and daily communication sheets ensured that information on residents' needs was communicated effectively.

Clinical indicators were being monitored in areas such as wounds, pressure sores and dependency levels for example. While an annual schedule of audit was in place, these required review as issues identified on inspection were not recognised as part of the audit process; evidence of this is discussed throughout the report.

Two nurses had completed the link practitioner course regarding infection prevention and control, along with additional training with a microbiologist. While an infection control nurse specialist was available to the service, this expertise had not been integrated into the link practitioner infection control strategy on site to support

the implementation of the national standards for infection prevention and control guidelines for community services and antimicrobial stewardship guidelines.

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 reviewed and while the sample of files reviewed showed that staff had been appropriately vetted in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, including volunteers, an audit of staff files had not been completed on these files to ensure they had the requirements as specified in the regulations. A review of the complaints procedure was necessary to ensure compliance with the updated statutory instrument (SI) 628 of 2022.

Regarding fire safety, large trolleys for storing trays and a second kitchen trolley were stored at the end of a stairway partially obstructing an evacuation route; this was immediately moved when it was identified as a fire safety risk. Assurances were provided that these trolleys were stored in the kitchen at night time and a safe location was identified to store these while awaiting delivery to bedrooms. Other fire related issues are discussed under Regulation 28, Fire precautions.

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 had the necessary requirements as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

According to records seen, mandatory and other training was delivered in the centre, and attendance at the sessions was monitored by the management team. In general, staff were appropriately supervised and supported to perform their

respective roles; nonetheless, supervision of staff is further discussed under Regulation 9, Residents' rights.

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 securely maintained and were updated at the time of inspection to ensure the specified documents were in place.

Judgment: Compliant

Regulation 23: Governance and management

While there were a number of comprehensive management systems established, further action was necessary to ensure the service was appropriately monitored, as follows:

- oversight of the premises as it did not meet the needs of people living in residential care
- aspects of infection prevention and control as detailed under Regulation 27, Infection control
- the complaints policy and procedure did not meet regulatory requirements
- staff supervision regarding residents' access to meaningful activation
- the audit process was not sufficiently robust to ensure the service was effectively monitored
- many rooms such as sluice rooms with clinical waste were not securely maintained to prevent unauthorised access
- residents' care documentation was not securely maintained on some units in line with regulatory requirements
- a review of complaints records showed that while residents had a contract of care, the terms and conditions were not adhered with on one occasion, as a resident was moved from their contracted bed to another room for the convenience of the service.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to reflect the requirements of Schedule 1 of the regulations, as follows:

- information contained within the document to reflect the designated centre only
- the complaints procedure to reflect SI 628 of 2022.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were 14 volunteers supporting this service. A sample of their files showed vetting disclosures, photographic identification and their roles and responsibilities were set out as part of their contract as a volunteer. Volunteers were seen on the day of inspection providing activities to residents in day rooms and were appropriately supervised.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted in line with specified regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Action was required to ensure that residents had access to a complaints procedure was in line with current legislation as:

- the complaints procedures displayed did not explained how someone could make a complaint
- the complaints procedure on one unit explained that the complainant's option was to go to the ombudsman
- the complaints procedure referred the complainant to a person who was person in charge several years previously
- one unit did not have the complaints procedure displayed

- the complaints log template did not have the requirements as detailed in the legislation to document the specified records.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policy relating to handling and investigating complaints required updating to reflect SI 628 of 2022.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that in general while staff stove to provide a good standard of care in St Finbarr's hospital, the premises significantly impeded the ability to provide a homely residential-care environment. The inspector observed that the care team knew the residents and their individual needs and preferences. Nonetheless, on this inspection, some improvements were required in the premises, residents' rights and fire safety, as described under the relevant regulations.

The inspector was assured that residents' health-care needs were met. Residents had access to two general practitioner (GPs) from the same practice; they attended the centre on a weekly basis. Residents had timely access to allied health professionals such as occupational therapy, physiotherapy, and speech and language therapy for example.

A sample of prescriptions and medication administration records were reviewed. Photographic identification was attached to the medication chart. Nurses' signature register formed part of these records. Allergy status was detailed; comprehensive administration records were seen and medications were discontinued in line with professional guidelines. Regarding controlled drugs, these were checked twice daily by nurses at change-over of shift. Controlled drugs were securely maintained in line with professional guidelines. Sharps containers were closed when not in use to safeguard against sharps injuries.

While a validated nutritional risk assessment formed part of the resident's care documentation, this was not comprehensively completed to ensure the nutritional needs of the resident. Systems were in place to ensure residents received a varied menu based on their individual food preferences and dietetic requirements such as, gluten free diet or modified diets.

Certification was available in relation to servicing of fire safety equipment. Emergency evacuation floor plans were displayed on each unit with a point of reference and evacuation exits; while an evacuation route was detailed, primary and secondary routes were not differentiated. Fire safety checks were reviewed and gaps were seen in these fire safety checks. Training records evidenced that drills were completed, cognisant of night duty staffing levels. Nonetheless, further attention was required regarding fire safety precautions, and these are further discussed under Regulation 28, Fire precautions.

The person in charge outlined that voting for the upcoming election was facilitated the week prior to the inspection. Different quiet rooms were set up to ensure residents could vote in private, and this was overseen by a Garda and sheriff.

Mass was prayed in the church on site and approximately 20 – 25 residents attended this each Sunday. While the person in charge outlined that a member of staff was assigned as activities leader to facilitate activities on each unit when the activities staff were not available for that unit, it was not evident that activities took place in one unit inspected.

It was evident that residents were consulted about the building works, formally, at residents' meetings, and informally through the daily interactions with the management and staff team observed on inspection. Minutes of residents' meetings were available for review. Resident attendees were recorded, however, the staff facilitating these meetings were not recorded. Minutes showed that areas such as activities, outings, upcoming events in the centre and the new building were discussed with residents. While the information given to residents was detailed, the feedback or residents' participation was not detailed. While an action plan was developed following meetings and feedback raised by residents, it was not clear if residents were informed of the actions taken to address the issues raised. Other issues found which impacted residents' rights are outlined under Regulation 9 in this report.

Regulation 11: Visits

Visitors were seen coming and going into the centre throughout the day. Visitors were welcomed by staff and staff provided updates on their relatives status when appropriate. Visiting was facilitated in the quiet visitors' room, residents bedrooms and some visitors stayed with their relative during the activities and helped their relative engage in activities.

Judgment: Compliant

Regulation 13: End of life

Improvement was noted following the findings of the last inspection relating to end-of-life care documentation. Anticipatory end-of-life care wishes and decisions were seen as part of the resident's care documentation; this included the decision to transfer to acute care setting or to remain in the designated centre. Discussions were facilitated as part of the GP oversight to ensure decisions were made and recorded appropriately.

Judgment: Compliant

Regulation 17: Premises

As described in previous inspection reports, many of the aspects of the centre did not meet the regulatory requirements regarding residents' access to facilities that supported a rights' based approach to living in a residential care setting, such as multi-occupancy bedrooms, some with inadequate personal storage space; other storage space available was inadequate as equipment was stored in communal rooms; inadequate communal day and dinning rooms; limited shower and toilet facilities, and some were difficult to access independently due to the sloped entrance.

While there was an enclosed garden available on one unit, other garden or outdoor spaces could not be accessed independently by residents due to the unevenness of the paths.

Judgment: Not compliant

Regulation 18: Food and nutrition

While a validated nutritional risk assessment tool was part of the range of clinical risk assessments, this was not seen to be comprehensively completed in the sample of records seen, so it could not be assured that the individual dietary needs of residents' were met.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was necessary to ensure the National Standards for Infection Prevention and Control for Community Services (2018) and Antimicrobial Stewardship guidelines were implemented into practice. While two CNMs were appointed as IPC leads for

the service, the national standards had not been implemented comprehensively as oversight of these was not seen to be implemented or embedded throughout the centre. While relevant staff were familiar with their own unit, as IPC lead practitioner, an integrated approach was not evident to be assured that the IPC requirements and anti-microbial stewardship of the whole hospital would drive quality improvement for the service in its totality. The person in charge had oversight of antibiotic use and this was collated on a monthly basis; there was a low level of prophylactic antibiotic use within the centre and prophylactic prescriptions were regularly reviewed, which is good practice. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to ensure compliance with current relevant national standards and guidelines.

Other issues identified on inspection which could lead to cross contamination included:

- some water outlets in hand-wash sinks were visibly unclean
- one resident's medicated shower wash was available in a communal bathroom
- non-clinical hand wash sink in a resident's toilet was seen to be used by staff to complete hand washing following personal care delivery to a resident
- a tooth brush and tooth paste was left on a clinical hand-wash sink by staff (the resident was bed-bound and could not access the sink)
- several advisory signs were displayed on the wall around a hand hygiene dispenser even though the dispenser had the instructions displayed as part of the apparatus; surplus signage was removed when it was identified, some signage was left in-situ due to the small writing on the dispensers.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was necessary to ensure fire safety, as follows:

- an immediate action was requested regarding the removal of kitchen trolleys from a stairway which was part of an emergency evacuation route
- comprehensive daily fire safety checks were not completed in the sample reviewed
- while fire evacuation drills were undertaken, these records were not comprehensively maintained to be assured that it could be completed in a timely manner.
- evacuations of the largest compartment had not been completed to be assured it could be done in a timely manner to safeguard residents and staff. This was noteworthy as the structure and layout of some wards was seen by the inspector to be difficult to negotiate.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A sample of medication prescriptions and administration records were examined and these were seen to be comprehensively maintained in line with professional guidelines. Controlled drugs records were examined and these were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvement was noted in residents' assessment and care planning records. A range of validated clinical assessment tools were used to underpin and inform the development of care plans. Of the sample examined, care records were updated four monthly, as required by legislation. Medical histories were seen to inform both the assessment and care planning process to enable the residents to be cared for holistically.

Judgment: Compliant

Regulation 6: Health care

One GP practice provided medical care for residents in the centre whereby two GPs attended the centre three times per week (Monday, Wednesday and Fridays), to provide medical care and medical notes demonstrated that medication was reviewed on a four-monthly basis to enable best outcomes for residents.

Residents had access to a consultant geriatritian as part of the Integrated Care for Older Persons Programme (ICPOP).

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). Notes showed that residents were enabled to access the national screening programme.

Additional records demonstrated that residents were supervised in accordance with their assessed need, for example, one resident required quarter-hourly monitoring and this was seen to be completed comprehensively, both day and night time.

Judgment: Compliant

Regulation 9: Residents' rights

Action was necessary to ensure that residents' rights were upheld, as follows:

- menus were not displayed on dining tables for residents; for residents including residents with a cognitive impairment, displaying menus on dining tables would be considerate of the ability of each resident and would act as reminders to residents of the menu choice to look forward to as part of their dining experience
- on one unit, there were no activities in the afternoon even though it was reported that unit staff were allocated to the activity programme
- while the activities programme was displayed in each unit, this was not a comprehensive reflection of the activities programme to inform residents of the activities available on a daily basis and as a reminder to staff to encourage residents to attend
- while the information given to residents was detailed as part of residents' meetings, the feedback or residents' participation was not detailed. While an action plan was developed following meetings and feedback raised by residents, it was not clear if residents were informed of the actions taken to address the issues raised,
- residents could not independently access the outdoor garden space due to either the unevenness of the pathways or the doorway access point.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Finbarr's Hospital OSV-0000580

Inspection ID: MON-0043229

Date of inspection: 28/05/2024

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: The new 105 bed Community Nursing Unit will provide a modern premises that will meet the needs of the residents. The complaints procedure has now been updated to reflect SI 628 of 2022. The Schedule of Activities is reviewed by Nursing Administration on a weekly basis prior to being circulated to the wards to ensure there is appropriate, meaningful activity taking place. Each ward Activity Leads will liaise with the Activities Team. An audit of all employee files will be completed to ensure that the legislative requirements are met. The Resident's documentation has been relocated to ensure that it is now securely stored. Staff have been reminded to ensure that all doors that are required to be locked are secured. This will be monitored by the nurse in charge.	
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 has been amended to reflect the designated Centre. The complaints procedure has now been updated to reflect SI 628 of 2022 All terms and conditions of the Contract Of Care will be adhered to.	

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The Complaints Procedure poster has been amended to ensure that it is user friendly, clearly displaying the procedure on how to make a complaint within the service.
Old complaints procedures have been removed and all wards now have the updated Poster in place. All residential units have the correct Complaints procedure displayed.

The Complaints log template has been updated to reflect the actions taken and the outcome of the complaint as per regulations.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

The complaints policy has been updated to reflect SI 628 of 2022

Regulation 17: Premises	Not Compliant

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

With the 105 bedded New build which is scheduled for Q1 2025 all issues in relation to the premises will be addressed. Single room accommodation, adequate storage space, adequate communal spaces and dining rooms for residents will be available. There will be sufficient access to shower and toilet facilities. Access to an enclosed garden will be available to all residents.

Regulation 18: Food and nutrition	Substantially Compliant

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

All residents MUST Screening Tool have been updated as per Regulation 18 and will be recorded going forward at each Care Plan evaluation or more frequently as necessary.

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

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The Two IP&C Link Practitioners will continue to advocate, promote and raise awareness around IP&C issues onsite. They will support the service with education and training for staff on the RESIST hand hygiene and Donning and Doffing training for staff.
They will attend monthly meetings (10 per year) with the IP&C team and will relay all relevant information back to the Nursing administration team.
Additional staff on each unit are trained to support with "Hand Hygiene" and "Donning and Doffing" procedures. The CNM's on each unit are the IPC lead for their unit.

Infection Prevention and Control meetings take place on a quarterly basis or more frequently should the need arise.

The Nursing Administration team provide an update to the Cork Kerry Community IP&C team on infection control status on a daily basis.
An IP&C Contingency Plan is available on all units.

An additional IP&C link nurse will be trained in Q4 of 2024 to support the service.

The Environmental Audits will continue as scheduled to monitor the cleanliness of the environment. These will be captured on the automated clinical audit tool system.

Monthly Antimicrobial audits are captured on the automated clinical audit tool system which is overseen by the Antimicrobial Pharmacist.

Staff have been reminded to ensure that all personal hygiene items are removed from shared bathroom when personal care has been delivered to the resident.

The onsite pharmacist reviews all antibiotic prescriptions for residents to ensure they are prescribed in line with the national antimicrobial stewardship guidelines.
The pharmacist reviews any long term antimicrobial prescriptions for prophylaxis of Urinary Tract Infections at regular intervals and flags with the GP for review as necessary.

The Medical Officer reviews the Medication Charts at least every 10 weeks
AMRIC preferred antibiotics in the community "mouse mats" have been sourced for all residential units as a prompter for staff. The GP's have also been given a sample of same.

Training and education has been provided and will continue to be provided by the IPC team and the Antimicrobial pharmacist on "Skip the Dip" and "Bad Bugs No Drugs"

Regulation 28: Fire precautions	Substantially Compliant

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

The nurse in charge each day checks to ensure that the daily fire safety checks are completed and documented as required.

The Fire Evacuation Drill Template has been reviewed to ensure that all details required are clearly captured.

There are monthly management simulated Fire Evacuation drills in each residential unit. This schedule ensures that a complete fire compartment is evacuated in a timely manner at each of these evacuations.

All fire compartments within each unit have simulated fire evacuation drills completed. Twice yearly evacuations take place in each unit, under the supervision of an external Fire Safety Officer. All staff attend these sessions.

Regulation 9: Residents' rights	Substantially Compliant

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

The Nutrition Hydration Committee Meeting will review the current menus to ensure that choice is being given to the residents at meal times.
Household staff have been reminded to display the picture menus to ensure that residents are aware of what is on the menu on a given day. This is to ensure that they are aware of the choices available to them.

Resources are maximized to their full potential to ensure a unit based activity Programme
The weekly schedule of Activities will be reviewed by Nursing Administration prior to being disseminated to the wards to ensure that there is is appropriate, meaningful

activity taking place. The ward lead on Activities will liaise with the Activities team to ensure that the residents are satisfied with the activities taking place.

The Residents Forum Meeting template has been revised to reflect, a) who is facilitating the meeting, b) the number of residents attending is recorded c) the feedback from the previous meeting is given to the residents on the commencement of the meeting and their satisfaction with the outcome is recorded.

Residents are facilitated to access outdoor space.
The provision of an outdoor space for all residents will be possible when the new Community nursing unit opens in the first quarter of 2025.

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	30/04/2025
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	31/08/2024

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	31/08/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	30/06/2024

	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.			
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	05/07/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	30/06/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not	Substantially Compliant	Yellow	30/06/2024

	their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	23/06/2024
Regulation 34(5)(a)(iii)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to (iii) request a review in a case where he or she is dissatisfied with the decision made in relation to his or her complaint.	Substantially Compliant	Yellow	23/06/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly	Substantially Compliant	Yellow	23/06/2024

	recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	27/06/2024
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 linguistic background and ability of each resident.	Substantially Compliant	Yellow	05/07/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	05/07/2024
Regulation 9(3)(d)	A registered provider shall, in	Substantially Compliant	Yellow	28/06/2024

	so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			