# Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Finbarr’s Hospital</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000580</td>
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<tr>
<td>Centre address:</td>
<td>Douglas Road, Cork.</td>
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<tr>
<td>Telephone number:</td>
<td>021 496 6555</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:Catherine.Ryan8@hse.ie">Catherine.Ryan8@hse.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Patrick Ryan</td>
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<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
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<tr>
<td>Support inspector(s):</td>
<td>Maria Scally; Mary O'Mahony</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>88</td>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
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<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>31 May 2016 08:00</td>
<td>31 May 2016 18:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection

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.

This was a follow-up inspection to an inspection carried out in October 2015, for the purpose of reassuring the Chief Inspector that improvements identified in relation to safeguarding on that inspection were maintained; to ascertain if any improvements had been made to the environment; and to determine if all other actions identified on that inspection were satisfactorily addressed.

Overall inspectors were satisfied that improvements in safeguarding practices, identified at the last inspection, had been maintained. Management had instituted a
link nurse programme, whereby identified members of staff received specific training in safeguarding practices. These link nurses were available as a resource for other staff on each unit and also observed practice and provided feedback to staff on their observations. A protocol for managing unexplained bruising for residents, which was in draft format at the last inspection, was now fully implemented. Residents and visitors spoken with by inspectors were complimentary of the care provided and of the attention they received from staff. Staff were observed treating residents and speaking about residents in a courteous and respectful manner.

Significant improvements remained outstanding in relation to the environment, which had a negative impact on privacy and dignity, and on the quality of life of residents. 61 of 89 residents were accommodated in multi-occupancy bedrooms of three beds or more, and of these, 46 residents were in five and six-bedded rooms. The residents' beds in the five and six-bedded rooms were close together and did not support residents' privacy and dignity. For example, on one occasion, an inspector observed that privacy screens were not adequately closed and therefore the resident did not have privacy from other residents and visiting relatives while attending to personal needs in their bedroom. On another occasion inspectors noted a strong odour lingered in the bedroom after a resident had used a commode/bedpan while there were other residents in the room. There was no facility available for most residents to receive visitors in private, even in their own bedrooms, as a significant number of residents were accommodated in five and six-bedded rooms.

In addition to unsuitable sleeping accommodation, communal and dining space was also unsuitable. For example, there were no separate dining facilities in some of the units and communal space comprised a living/dining room combined that was not of sufficient size for the number of residents living in the centre. There was also inadequate storage space, including suitable storage for residents’ personal belongings and storage for equipment.

Additional required improvements included:
• not all staff had received up-to-date training in fire safety, manual handling and responsive behaviour
• a report into an allegation of abuse did not adequately detail actions taken when an allegation of abuse was first reported to management
• a screen used to support privacy when providing care to residents in a temporary bedroom was stored in a toilet when it was not in use.

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a clearly defined management structure identifying reporting relationships. The person in charge was supported in her role by three assistant directors of nursing and two clinical nurse manager 3 (CNM 3). Each unit was managed by a clinical nurse manager 2 (CNM 2) and a clinical nurse manager 1 (CNM 1). The person in charge reported to an acting general manager.

There was a programme of audits that included audits on issues such as medication management, infection prevention and control, hand hygiene and the kitchen. There were also Workplace Culture Critical Analysis Tool (WCCAT) audits, which were used to evaluate the culture and environment within each unit. The audit process included a review of accidents and incidents for trends as an opportunity for learning and records were available demonstrating feedback to each unit. An annual review of the quality and safety of care had been completed for 2015.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support
**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Overall, inspectors found that improvements identified at the last inspection in relation to safeguarding practices had been maintained. There was a policy on, and procedures in place, for safeguarding residents. Training records indicated that all staff had received up-to-date training on recognising and responding to abuse. Staff members spoken with by inspectors were knowledgeable of what constituted abuse and what to do in the event of an allegation or suspicions of abuse. Management had instituted a link nurse programme, whereby identified members of staff received specific training in safeguarding practices. These link nurses were available as a resource for other staff on each unit and also observed practice and provided feedback to staff on their observations. A protocol for managing unexplained bruising for residents, which was in draft format at the last inspection, was now fully implemented.

There was a policy in place for managing responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia). Based on a review of care plans and discussions with staff members, there were adequate measures in place for managing responsive behaviour. Individual resident's like, dislikes, preferred routines and issues that could potentially cause distress were recorded in residents' notes and this information was used to support residents. A programme of training in managing responsive behaviour had been commenced since the last inspection and most, but not all, staff had received up-to-date training in responsive behaviour.

Following the last inspection, procedures were put in place to ensure the restraint register included all forms of restraint, such as bedrails, chemical restraint and "wander alerts", electronic devices that automatically locked doors that were used to prevent residents at risk of absconding from leaving the premises. A new risk assessment tool had been implemented to assess the risk associated with the use of restraint and based on a sample of records reviewed, this was used appropriately.

Records submitted to HIQA in advance of this inspection indicated that allegations of abuse were investigated, and supervision and disciplinary processes were instigated. While the investigation was thorough, based on a review of the draft investigation report, inspectors were not satisfied that all issues that arose during the investigation were satisfactorily addressed in the report. For example, the transcript of interviews, carried out as part of the investigation, indicated that an incident was brought to the attention of a member of management by a staff member. The investigation report does not clarify if in fact this incident was reported to management. While it was subsequently investigated, it was not evident from the report what action was taken at the time or what was to be learned from the incident.

**Judgment:**
Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was an up-to-date risk management policy and associated risk register that addressed the specific risks outlined in the regulations. There was an emergency plan.

Inspectors reviewed the risk register which identified hazards and control measures in place to mitigate the risks identified, and was reviewed and updated at regular intervals. The provider was requested to review the risk register to ensure it included all risks, such as access to stairs by residents for whom this may pose a risk. Since the last inspection a process had been put in place for reviewing accidents and incidents that involved a quarterly evaluation to identify trends and opportunities for learning. Records of this evaluation was sent to each unit in order to provide feedback to staff.

The environment was generally clean throughout. There were adequate systems in place for the segregation and disposal of waste, including clinical waste. There were adequate procedures in place for infection prevention and control, such as hand washing facilities and hand hygiene gel dispensers located at suitable intervals throughout the centre. Some improvements, however, were required. For example, a screen used to support privacy when providing care to residents in a temporary bedroom was stored in a toilet when it was not in use. In addition to this being unsuitable storage space, it also obstructed access to toilet paper in the toilet. There were adequate supplies of aprons and gloves and inspectors observed appropriate usage.

Training records indicated that not all members of staff had received up-to-date training in safe manual handling practice. This was also a finding on the last inspection.

Actions identified at the last inspection in relation to fire safety were satisfactorily addressed. Inspectors reviewed fire safety records that demonstrated the appropriate maintenance of fire safety equipment, fire alarm system and emergency lighting. There were adequate measures in place for reviewing fire safety through fire safety checks. The fire door in one unit, however, was obstructed by two large speciality chairs, one of which was occupied by a resident. Staff were requested to immediately make sure that the door was unobstructed. Fire drills had recently been held in each of the units and appropriate records were maintained detailing any learning from the drill. The most recent drills were conducted by an external trainer but staff in the unit were going to be responsible for conducting drills in the future. Following the last inspection personal emergency evacuation plans (PEEPs) were developed for residents detailing the
assistance required to evacuate in the event of an emergency. While most staff in St. Josephs 1 and 2 had received up-to-date training in fire safety, training records indicated that a number of staff in each of the other units did not have up-to-date training.

**Judgment:**
Non Compliant - Moderate

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**Outcome 10: Notification of Incidents**
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Records of accidents and incidents were maintained in the centre and were notified to the Authority within the required timeframe as required by the regulations. Quarterly reports were submitted to the Authority, as required, and included the use of restraint.

**Judgment:**
Compliant

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**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The centre is composed of five units located within a larger HSE campus and comprised St. Joseph’s 1, St. Joseph’s 2, St. Stephen’s, St. Enda’s and St. Elizabeth’s units. One resident was accommodated in a separate unit located in one of the rehabilitation units,
as it was more suitable for this resident's needs. The buildings were constructed in the late 19th century and, with the exception of the St. Josephs’ units, were institutional in appearance consistent with the style of that era. The standard of décor was generally adequate and the centre was clean throughout. However, this centre was identified as being in major-non-compliance with the regulations on all previous inspections and this has not changed.

St. Enda’s, St Elizabeth’s and St. Joseph's 1 are all ground floor units while St. Joseph's 2 and St. Stephen's units are both on first floors with access by stairs and lifts.

St. Stephen’s Unit accommodates 16 residents in two six-bedded rooms, one twin bedroom and two single bedrooms. Communal space comprises one sitting/dining room that is not adequate in size for the number of residents living in the unit. There is no access to suitable outdoor space and there are no suitable facilities for residents to meet with visitors in private. There is inadequate storage space for equipment such as hoists and speciality chairs. Sanitary facilities are located on the opposite end of the unit to the bedrooms and comprise two bathrooms, one of which contains a toilet, wash hand basin and an assisted shower and the other contains a toilet and wash hand basin only. One of the bathrooms was also used to store waste bins which inhibited access to the wash hand basin. Inspectors were not satisfied that the sanitary facilities were adequate to meet the needs and number of residents living in the centre. Each resident in the six-bedded unit had a small wardrobe/bedside locker combination next to their beds. These were not suitable in size to store all of each resident's clothing. Additional clothing was stored in cupboards on one side of the room, next to the beds of two residents. The beds in the six-bedded rooms were close together and there was not sufficient room for each resident to have a chair should they wish to sit beside their bed. On the day of the inspection, inspectors visited one of the six-bedded rooms shortly after a resident had been assisted to use a bedpan/commode. There were two residents in the room at the time and there was a strong odour which lingered in the room for a considerable time. This did not support the dignity of residents.

St. Elizabeth’s Unit accommodates 20 residents in three six-bedded rooms and two single bedrooms. Communal space comprises one sitting/dining room that is not adequate in size for the number of residents living in the unit. A designated space had been created by staff outside the unit that had an awning and some garden furniture. While efforts had been made to create a suitable space for residents to sit out, it was not secure and was close to a busy thoroughfare on the grounds of the hospital. This space can also be used by residents from St. Enda's unit. Residents could not have access to this area unsupervised. The beds in the six-bedded rooms were close together and there was not enough space for residents to have a comfortable chair, should they wish to sit in their bedroom. There were large structural support poles at the entrance to the six-bedded rooms that made it difficult to navigate equipment such as speciality chairs and hoists into the rooms, without first moving one of the two beds closest to the door. This would cause considerable disturbance to residents when they are in bed. Sanitary facilities comprised two bathrooms. The first bathroom contained a shower, toilet and wash hand basin. The second bathroom consisted of two rooms, both of which contained a toilet and wash hand basin. However, the second toilet could only be accessed by going through the first toilet, making it unsuitable for use. The second toilet was used to store equipment such as speciality chairs and hoists. There were also
wheelchairs stored in the first toilet, which exemplified the lack of suitable storage for equipment. The storing of equipment in toilets was also poor infection prevention and control practice.

St. Enda’s Unit accommodates 17 residents in one six-bedded room, two five-bedded rooms and a single bedroom. On the day of inspection one of the multi-occupancy bedrooms was decommissioned temporarily while a toilet was being built. Residents from this bedroom were being accommodated in the sitting room, and although this was a temporary measure, it meant that there was no communal space available to the residents in this unit. Even when this room is not being used as a bedroom, communal facilities are inadequate to meet the needs of the number of residents living there as there were no separate dining facilities. The beds in the six and five-bedded rooms were close together and there was not enough space for residents to have a comfortable chair should they wish to sit in their bedroom. There were also large structural support poles at the entrance to the six and five-bedded rooms in this unit that made it difficult to navigate equipment such as speciality chairs and hoists into the rooms without moving one of the two beds closest to the door. Sanitary facilities comprised two bathrooms, each of which had a shower, toilet and wash hand basin. One of the bathrooms, however, was located off the sitting/dining room make it unsuitable to use the shower facility without compromising privacy and dignity. As already stated, an additional toilet was being built off one of the multi-occupancy bedrooms.

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. There are suitable communal and sanitary facilities in both of these units, with a number of bedrooms en suite. There are two enclosed gardens on the ground floor, one for each of the ground floor units. These have been finished to a high standard with shrubs, plant beds and suitable garden furniture. This outdoors space is also intended for residents of St. Joseph’s 2, however, access is limited, as residents can only access them when accompanied by staff. It was identified at the last inspection that St. Joseph’s units required redecorating as the paintwork was damaged and chipped in many places. This action had not been addressed on this inspection.

Records were available demonstrating the preventive maintenance of equipment such as hoists, speciality chairs and beds.

**Judgment:**
Non Compliant - Major

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**Outcome 16: Residents' Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/ she is facilitated to communicate and enabled to exercise choice and control over his/ her life and to maximise his/ her
Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Staff were observed treating residents and speaking about residents in a courteous and respectful manner. Due to the size and layout of multi-occupancy bedrooms, there were insufficient facilities to provide residents with adequate comfortable, personal or private space. Inspectors noted that screening curtains and mobile screens were used when residents were receiving care to protect their dignity, as much as the environment allowed. However, on one occasion an inspector observed that privacy screens were not adequately closed and therefore the resident did not have privacy from other residents and visiting relatives while attending to personal needs in their bedroom. The size and layout of the multi-occupancy rooms meant that there was very little space between some of the residents’ beds. The inspectors observed that some residents were trying to rest while other residents were chatting with their visitors.

A residents’ forum meets in the centre approximately on a quarterly basis. This is chaired by one of the independent advocates. Items discussed included upcoming events such as the annual garden party, recent outings residents had gone on and issues that have arisen for residents. Following the meeting, a table is completed with the issues that the residents raised, who will address the issue and the response to the issue including how it will be addressed. On average, between six and eight residents would attend the meetings. Staff informed inspectors that for the majority of the residents, an advocate would visit the units regularly and these residents would be able to raise any issues with the advocate who would then raise the issue on the resident’s behalf. However, there was no documentary evidence of this consultation process.

The centre was suitably resourced with daily entertainment and leisure facilities such TV, radio, newspapers and magazines. Two dedicated activities coordinators, who both worked 32 hours per week, were available to the centre with a schedule of activities including sing-a-long, bingo and art therapy. The coordinators also initiated and supervised a range of outings from the centre to local garden centres and wildlife parks and residents told inspectors how much they enjoyed these outings and how important and beneficial they were to them. Particularly in St. Joseph’s units, healthcare assistants have incorporated the provision of activities into their daily routine. One-to-one activities were available for residents, such as hand and nail care. There was also evidence of involvement with the local community with students from a local art college working with residents on arts and crafts projects.

Residents have access to independent advocacy services and there are currently four independent advocates available for the residents in the centre as well as the independent advocate who chaired the residents' forum. There was information on
display in the centre to inform residents of how to contact an advocate should they wish to do so.

There was a good level of visitor activity throughout the days of inspection with visitors saying they felt welcome to visit. The inspectors met and spoke with a number of visitors who indicated that they had open access to visit their relatives and were very complimentary regarding the staff in the centre. There was no facility available for most residents to receive visitors in private, even in their own bedrooms, as a significant number of residents were accommodated in five and six-bedded rooms.

Residents were facilitated to exercise their political and religious rights. Staff confirmed that residents can vote in the centre if they wish to do so and a polling station would be brought to the centre for the residents for this purpose. Two Catholic Priests attend the centre regularly and mass takes place monthly in the units and residents can also go to the chapel in the campus of the centre to attend mass every Sunday.

Residents have access to a portable telephone in each of the units should they wish to make calls in private.

**Judgment:**
Non Compliant - Moderate

**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Based on observations of inspectors and a review of staff rosters there were adequate numbers of staff on duty.

There was evidence that staff regularly attended structured meetings and inspectors viewed minutes of these meetings. Inspectors viewed the staff training matrix which was available in each of the units. The matrix had been revised since the last inspection to only reflect training for those staff that worked in the designated centre, as it previously included training for staff that worked in other parts of the campus. The matrix, however, was not up-to-date in all of the units and did not accurately reflect the
current status of training for all staff. As already discussed in this report, all staff had up-to-date training in safeguarding residents from abuse, however, not all staff had up-to-date training in fire safety, responsive behaviour and manual handling. Staff members spoken with by inspectors confirmed that they were supported by management to attend training. Additional training attended by staff included wound assessment and management, open disclosure, bowel care, dementia and the use of psychotropic medication, end of life care, and increasing activities for residents.

There were a number of volunteers that regularly attended the centre and all received supervision and support while working in the centre and had their roles and responsibilities set out in a written agreement between the designated centre and the individual.

Inspectors reviewed a selection of staff files and noted from these files that most of the documents as required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were available. However, from the sample of staff files reviewed not all files contained a full employment history together with a satisfactory explanation for gaps in employment.

A performance development plan is in the process of being introduced, however, this has only been implemented for managerial staff. This is in the process of being rolled out to all staff, once it has been implemented for staff at management grade. Where performance related issues were identified for other staff, a record of supervision was maintained.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>OSV-0000580</td>
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<tr>
<td>Date of inspection:</td>
<td>31/05/2016</td>
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<tr>
<td>Date of response:</td>
<td>28/06/2016</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Safeguarding and Safety

| Theme: | Safe care and support |

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A programme of training in managing responsive behaviour had been commenced since the last inspection and most, but not all, staff had received up-to-date training in responsive behaviour.

1. **Action Required:**

Under Regulation 07(1) you are required to: Ensure that staff have up to date

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take: 
A programme of training is ongoing for Nursing and support staff in relation to the management of behaviours that challenge. Further training is scheduled for the Autumn.

Proposed Timescale: 31/10/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records submitted to HIQA in advance of this inspection indicated that allegations of abuse were investigated, and supervision and disciplinary processes were instigated. While the investigation was thorough, based on a review of the draft investigation report, inspectors were not satisfied that all issues were satisfactorily addressed. For example, it was not clear from the report what actions were taken in response to a claim made during the investigation that an incident of abuse was reported to management. While the allegation was subsequently investigated, it was not evident from the report what action was taken at the time.

2. Action Required: 
Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

Please state the actions you have taken or are planning to take: 
The claim made during the investigation stating that an incident of abuse was reported to management was later withdrawn as the same manager (whom the claimant reported) was not on duty the date the claim was made. The claimant verbally apologised for the confusion and withdrew the claim. The investigation report will be amended accordingly to reflect this.

Proposed Timescale: 31/07/2016

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect: 
The provider was requested to review the risk register to ensure it included all risks, such as access to stairs by residents for whom this may pose a risk.
3. **Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
All risks including the access to stairs by residents have been included in the risk register.

**Proposed Timescale:** 24/06/2016

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Required improvements in relation to infection prevention and control, included:
- a screen used to support privacy when providing care to residents in a temporary bedroom was stored in a toilet when it was not in use. In addition to this being unsuitable storage space, it also obstructed access to toilet paper in the toilet
- storage of equipment/waste bins inhibited access to wash hand basins in some bathrooms
- equipment, such as wheelchairs, was stored in toilets.

4. **Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**
The storage of temporary screens and other equipment have been removed from toilets. An audit is currently taking place in each unit to identify how best to manage such equipment within the existing storage constraints. This audit will be finalised by the 31st August following which a plan of action will be formulated.

**Proposed Timescale:** 30/09/2016

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While most staff in St. Josephs 1 and 2 had received up-to-date training in fire safety, training records indicated that a number of staff in each of the other units did not have up-to-date training.

5. **Action Required:**
Under Regulation 28(1)(d) you are required to: 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 control techniques and the procedures to be followed should the clothes of a resident catch fire.

**Please state the actions you have taken or are planning to take:**
Extensive staff training has been carried out in all individual units over the last 3 months. An audit of training records is currently taking place to capture untrained staff. Further staff training will be organised pending the results of this audit.

**Proposed Timescale:** 31/07/2016

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**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The premises were not suitable, due to:
- multi-occupancy bedrooms that did not support residents' privacy and dignity
- multi-occupancy bedrooms with beds too close together
- inadequate communal space
- inadequate sanitary facilities
- inadequate storage space for residents personal property and possessions
- inadequate storage space for equipment
- inadequate secure outdoor space
- the paintwork was damaged in some areas of the premises.

**6. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
Funding for a new 100 bed community Nursing unit in the grounds of the current Hospital has been approved by the Government. We are currently in the process of developing plans and a timescale for the new build as per the Health Act 2007, SI no. 293 of 2016.

**Proposed Timescale:** 31/12/2021

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**Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Improvements were required in order to support the privacy and dignity of residents, for example:

- on one occasion an inspector observed that privacy screens were not adequately closed and therefore the resident did not have privacy from other residents and visiting relatives while attending to personal needs in their bedroom
- the size and layout of the multi-occupancy rooms meant that there was very little space between some of the residents’ beds
- inspectors observed that some residents were trying to rest while other residents were chatting with their visitors
- an odour lingered for a considerable time in the bedroom following use of a bedpan/commode by one resident while other residents were in the room.

7. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Maintaining resident's privacy and dignity is a priority in St. Finbarr's Hospital. This has been reaffirmed with all staff. The challenges associated with the multi-occupancy rooms are minimised by staff as far as possible within the constraints highlighted. All staff negotiate individual resident care needs as required to maintain individual privacy and dignity as far as possible.

Proposed Timescale: 01/07/2016

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staff informed inspectors that for the majority of the residents, an advocate would visit the units regularly and these residents would be able to raise any issues with the advocate who would then raise the issue on the resident's behalf. However, there was no documentary evidence of this consultation process.

8. Action Required:
Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

Please state the actions you have taken or are planning to take:
Advocates on each ward will now be issued with a generic verbal communication template that they can use to document their consultation with dependent residents. These templates, once established will be returned to the independent Chairperson for consultation and feedback.
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no facility available for most residents to receive visitors in private, even in their own bedrooms, as a significant number of residents were accommodated in five and six-bedded rooms.

**9. Action Required:**
Under Regulation 11(2)(b) you are required to: **Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident’s room, if required.**

**Please state the actions you have taken or are planning to take:**
A review of our current facilities will be carried out by our estates department with a view to an interim solution while waiting for the completion of the new development. Funding for a new 100 bed community Nursing unit in the grounds of the current Hospital has been approved by the Government. We are currently in the process of developing plans and a timescale for the new build as per the Health Act 2007, SI no. 293 of 2016.

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**Outcome 18: Suitable Staffing**

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had received up-to-date training in manual handling.

**10. Action Required:**
Under Regulation 16(1)(a) you are required to: **Ensure that staff have access to appropriate training.**

**Please state the actions you have taken or are planning to take:**
Manual handling training is ongoing for all staff to keep themselves updated. Existing records will be audited to ensure every staff member is captured. Further training dates organised in June and August 2016