



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Hospital Castlebar
Name of provider:	Health Service Executive
Address of centre:	Pontoon Road, Castlebar, Mayo
Type of inspection:	Unannounced
Date of inspection:	14 July 2023
Centre ID:	OSV-0005730
Fieldwork ID:	MON-0038101

About the designated centre

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

Sacred Heart Hospital is a purpose-built facility completed in 2018 that can accommodate 74 residents who require long-term residential care. Care is provided for people with a range of needs: low, medium, high and maximum dependency and people who have dementia or palliative care needs. This centre is a modern two-storey building and is located adjacent to the original Sacred Heart Hospital premises. It is a short drive from shops and business premises in Castlebar. It is comprised of two self contained units. The Ross unit is located on the ground floor and the Carra unit on the upper floor. There is lift access between floors. There are 35 single rooms and one double room, all with full en-suite facilities, on each floor. The centre has a large safe garden area off the ground floor. This has several access points and was well-cultivated with flowers, trees and shrubs to make it interesting for residents. The philosophy of care as described in the statement of purpose is to use a holistic approach in partnership with residents and their families to meet residents' health and individual needs in a sensitive and caring manner while balancing risk with safety.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 14 July 2023	09:00hrs to 18:35hrs	Michael Dunne	Lead
Friday 14 July 2023	09:00hrs to 18:35hrs	Ann Wallace	Support

What residents told us and what inspectors observed

The inspectors spoke with several residents in the designated centre and all residents spoken with said that they were happy living in the centre and that they felt their needs were being met. Staff were observed to be attentive to residents' needs for assistance and support. Staff interactions with residents were caring, gentle, and respectful. It was clear from observations throughout the day that staff were aware of residents assessed care needs and were able to respond to those needs in a person centred manner. In instances where residents required personal care support, this was found to be provided in a discreet manner with due respect for residents needs and choices. The inspectors observed that where call bells were sounded they were answered in a timely manner.

Following an introductory meeting with the local management team, the inspectors were guided on a tour of the centre. The Sacred Heart Hospital is a two-storey purpose-built premises built around a large internal courtyard. The designated centre is located within the Sacred Heart Hospital and comprises of two units, the Ross unit, and the Carra unit. Resident accommodation is located on both floors, the Ross Unit is located on the ground floor and accommodates 37 residents in single bedrooms with ensuite facilities, Carra Unit is located on the first floor and provides the same level of accommodation and facilities. There is lift and stair access between the units.

Resident bedrooms were tastefully decorated and suitable to meet the needs of the residents. Most bedrooms were fitted with overhead tracking to facilitate the use of hoists where required. Bedrooms were spacious and residents confirmed that they had enough storage space to store and retrieve their personal items easily. All rooms reviewed on this inspection contained shelving, a lockable cupboard, and fridges for residents to store their drinks and snacks. Many residents also were provided with a kettle following a risk assessment for their safe use. Residents told the inspectors that they were able to personalise their bedrooms as they wanted and some had brought in items of furniture from their home in the community. Residents also told the inspector's that they were happy with the support provided by the staff team to maintain their room hygiene and their laundry requirements.

Communal facilities were well maintained, corridors were decorated with murals and pictures of local places of interest that residents would be familiar with. There was a homely feel to the centre, care was taken to decorate communal spaces with ornaments and comfortable seating. Inspectors found some inappropriate storage in one unit which had the potential to impact on resident's enjoyment of their lived environment. Overall, the centre was clean and free from mal-odours.

The provider had a range of signage in place to assist residents navigate their way around the centre. There were notice board located throughout the individual units

which provided information to residents of upcoming events, what to do if one had a medication query and on how to access advocacy or register a complaint.

On the whole residents who expressed a view said that they were happy with their food choices. Meals provided on the day consisted of a salmon dish and beef casserole, an omelette's and a selection of sandwiches were the options available a tea-time. The inspectors observed residents eating their meals in various locations across the centre including their own bedroom. While there was good support provided to most residents to enjoy their meals, improvements were required in the dining room on Ross unit to ensure that the residents were facilitated to enjoy their meals in a comfortable and social space.

There was an activity schedule advertised in the centre which gave information on the range of activities provided on a day to day basis. The reminiscence session which was observed on Carra unit provided residents with opportunities to discuss events and activities familiar to them in their past and it was obvious that residents enjoyed this session. Arrangements were being put in place for a trip to Ballinrobe races the following month which residents were looking forward to. The activities available on Ross unit were found to be limited due to the lack of staff to support the delivery of appropriate social activities.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Inspectors found that overall, this is a well-managed service which benefited the residents living in the designated centre. The provider had a range of systems and processes in place to monitor and provide oversight of the service to ensure that it met the assessed needs of the residents. Inspectors found improvements in the overall management of the centre with a number of areas of poor compliance found on the last inspection having been addressed.

This was an unannounced risk inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the actions the registered provider had undertaken following the findings of the last inspection in August 2022.

Inspectors found that the provider had implemented a number of actions since the last inspection to ensure that the service was safe, effective and suitable for the residents living in the designated centre. Despite, these positive interventions there were areas of the service that required more focus to achieve compliance with the regulations. For example the provider was in breach of Regulation 14 as there was

not a person in charge of the designated centre which met the requirements of the regulations.

In addition inspectors found repeated non compliance's for staff training and development, the availability of records and the management of staff rosters on Ross unit. Furthermore while there was good oversight of policies and procedures, the complaints policy had not been amended to include legislative changes to Regulation 34 Complaints.

The provider of the centre is the Health Service Executive. The assistant director of nursing facilitated the inspection and they were supported in their role by an acting assistant director of nursing and a team of clinical staff which included, clinical nurse managers and staff nurses. The General Manager for Older Person's Services for the community health area provided management support and guidance. Additional in-house support is provided by a team of health care assistants, household, catering, administration and maintenance personnel.

The provider had a range of management systems in place to review the service and this included a schedule of audits to monitor the quality of the service provided. Audits were carried out on a monthly basis and where improvements were identified an action plan was put in place. However inspectors found that although care plans audits were carried out on a regular basis they did not always identify where current practice required improvement as described under Regulation 21 records.

There was documentary evidence of regular management meetings to review the service provided. Key topics on the agenda included a review of risk assessment, infection prevention and control, resident care, audits, and feedback from the two units in the centre. Information gathered by audits was reviewed and discussed at these monthly governance meetings. Inspectors found that these records were well-maintained and were accessible during the inspection.

There were a number of records which were not available or accessible at the time of the inspection and this is discussed in more detail under Regulation 21. This was a repeat finding from the last inspection and meant that information may not always be available to the provider in order to review and manage the service.

Overall there were improvements found in staffing, and in staff training and development since the last inspection, however further improvements were needed to ensure consistency of staffing levels. For example, while the management and oversight of household tasks had improved, it was not clear what arrangements were in place to delegate this oversight when the household supervisor was absent. The failure to provide regular supervision of cleaning activities had the potential to reduce the effectiveness of cleaning practices in the management of infection in the designated centre. Further actions were also needed in managing planned absences on the staff roster to ensure that absences were covered and a consistent level of service was maintained for the residents. For example on the day of the inspection the activities staff on Ross unit was on planned leave. The absence was not covered and as a result residents did not have access to meaningful activities or recreation on the day.

Regulation 14: Persons in charge

The registered provider failed to ensure that there was a person in charge of the designated centre that met the requirements of Regulation 14. The registered provider was therefore in breach of the Regulations.

Judgment: Not compliant

Regulation 15: Staffing

There were three health care assistant and one nurse vacancy at the time of the inspection. The provider was actively recruiting to fill these positions and gaps in the roster were covered by the existing staff team and agency staff to ensure that there were sufficient numbers of staff available with the required skill mix having regard to the statement of purpose and the size and layout of the centre and the needs of the residents.

However on the day of the inspection the activities staff on Ross unit was on planned absence that had not been covered which meant that the residents did not have access to meaningful activities and recreation on the day. This is addressed under Regulation 23.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that some staff were not up to date with their mandatory training requirements;. This was evidenced by:

- A review of staff training records found that a number of staff had not received refresher training in safeguarding vulnerable adults.

The oversight of housekeeping staff practices was not robust on the day of the inspection. Inspectors found that housekeeping staff were not using appropriate cleaning products to clean floor surfaces in the centre.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider failed to ensure that some records set out under schedules 4 and 6 were made available for inspectors to review on the day of the inspection. These included,

- Records in relation to the servicing of equipment used in the running of the service.
- Resident financial records.
- Records confirming the servicing of fire fighting equipment.

These records were made available for inspectors to review post inspection.

- The daily care records for residents including repositioning records and 30 minute checks were not completed for a number of residents. As a result it was not clear that these residents had received care in line with their care plans.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors found some gaps in management systems currently in place to ensure the service provided is safe, appropriate, consistent and effectively monitored. These included,

- Failure to ensure that gaps in the roster were fully covered.
- The availability of records required to be accessible to inspectors of social services under the Health Act 2007.
- Policies and procedures which required updating to ensure current practice was in line with legislative changes.
- Arrangements to ensure that all staff were provided within mandatory training in line with the designated centres policy.
- Oversight of daily care records did not ensure these records were completed appropriately.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose which included the information set out under schedule 1 of the regulations. However this document required some alterations to accurately reflect the current service, for example

- Changes to the management structure at provider level had not been updated in the document.
- Changes regarding the handling of complaints in accordance with the changes that came into operation on the 1st of March 2023 had not been included in this document.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were records in place which confirmed that volunteers currently supporting the service

- Had a garda vetting disclosure on file.
- Had their roles and responsibilities explained to them and were set out in writing.
- Received the required levels of support to carry out their supporting roles effectively.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were found to be well managed with the majority of complaints resolved at stage 1 of the centre's complaints policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The complaints procedure had not been updated in line with the amendment in Regulation 34 which came into operation on the 1st March 2023. The current policy did not reflect

- The appointment of a review officer.

- The updated time line for complaints to be investigated and concluded.
- The requirement for training to be provided for complaints and review officers involved in the handling of complaints in the centre.
- Refer to another person or independent advocate to assist the resident with making the complaint.

There was a visiting policy in place, that had been updated in April 2023, however the policy did not reflect the up to date national guidance around visiting in the event of an outbreak of COVID-19 in the designated centre

Judgment: Substantially compliant

Quality and safety

There had been significant improvements since the last inspection and overall residents were well looked after and were comfortable in the centre. However further improvements were required to ensure that all residents had access to meaningful activities and occupation in line with their interests and capacities and that the resident's living space both inside and outside in the garden areas was well maintained for their comfort and enjoyment.

The premises is laid out over two floors which are connected by a passenger lift and stairs. Residents spent most of their time in their units except for social occasions or to use the garden. The centre was nicely laid out with sufficient communal and private space for residents. However the storage of equipment including large items such as hoists and wheelchairs was not well managed which was impacting on residents' communal space. Furthermore the large garden area was in need of significant repair and tidying so that residents could use the area safely.

Residents' private accommodation was well laid out with sufficient storage for their belongings. Bedrooms were personalised and one resident had created a delightful rose garden outside of their bedroom window. The garden had been created with the resident's personal assistant and included plants and flowers, ornaments and bird feeders. The resident was understandably very proud of what they had created and enjoyed showing their garden to the inspectors.

Staff in the centre had worked hard since the last inspection to encourage younger visitors and had created a number of child friendly areas including a pleasant play area in the foyer next to the coffee shop. The coffee shop and play area were accessed by the local community as well as children visiting residents in the designated centre. The provider had also installed baby changing facilities in one of the visitor's toilets.

Signage in the centre had been well thought out and was designed to facilitate residents with cognitive impairment to navigate their home. There were points of interest along each corridor with murals and other art works to help residents

identify where they were. In addition residents had a choice of pictorial identifiers outside of their bedroom to help them recognise their bedroom doors.

Residents were encouraged to stay in touch with family and friends and there was an open visiting policy except for meal times. Where a resident wanted their family member to be with them at meal times this could be arranged away from the main dining areas. Visitors were seen coming and going throughout the day of the inspection and were made welcome by staff.

Residents had access to daily newspapers and radio and television. WIFI and telephones were also available for residents to use and keep in touch with friends and family. The WIFI service was unreliable and although this was a known problem there was no plan in place to improve the service for residents.

Residents said that they felt safe in the centre and that they could talk with a member of staff if they were worried about anything. Staff who spoke with the inspectors were clear about their responsibility to report any concerns and to keep the residents safe from abuse. Any safeguarding concerns had been managed in line with the centre's policies and procedures. The provider was not a pension agent for any residents.

Residents were adequately protected from most environmental risks however the uneven surfaces in the garden had not been repaired at the time of the inspection. The provider had improved security at the front door since the last inspection and the doors were locked in the evening with a door bell for visitors to ring to access the centre.

Residents were consulted with in relation to their care and services. Resident meetings were held three monthly and residents' comments and feedback were recorded and reported on in the management team meetings. In addition the person in charge met with families every six months. The provider was in the process of completing a resident survey at the time of the inspection. Inspectors were informed that the survey results would be used to inform the quality improvement plan for 2024.

All residents had a comprehensive assessment of their needs prior to their admission to help ensure the designated centre could meet their needs and a good client home fit was achieved. Each resident had care plans in place to direct staff on the resident's care and preferences. Residents had good access to medical and specialist support in line with their needs.

There were low levels of responsive behaviours in the centre. Restraints such as lap belts and bed rails were used in line with national guidance and the centre had reduced the number of restraints in line with working towards a restraint free environment.

Residents were offered a varied and nutritious diet. Choice was offered at each meal and residents said that they enjoyed their food. The meal time experience on Carra unit was a pleasant social occasion for the residents. In contrast the meal time experience for residents using the dining room on Ross unit did not ensure that

residents could enjoy a pleasant social occasion. Furthermore staff failed to ensure that residents were facilitated to eat their meals in comfort and in a dignified manner.

Although there were arrangements in place to ensure that residents were protected from the risk of fire, staff were found not to follow the designated centres own fire procedure when the fire alarm activated. Inspector's found that there was a lack of co-ordination among staff and the fire warden to manage this activation effectively.

The residents on Carra unit had access to a range of activities on the day of the inspection. Residents were observed enjoying a reminiscence session which included discussions on farm activities in olden days. A selection of implements including horseshoes and irons were on display and generated much discussion among the residents present. A quiz session was also organised on this unit. In contrast the residents on Ross unit did not have any activities provided for them on the day of the inspection and there was limited social interactions between residents on this unit.

Regulation 11: Visits

The inspectors found that the registered provider had ensured that visiting arrangements were in place which were in line with national guidance. Visitors were welcome in the centre and encouraged to participate in residents life. The provider developed a creche area for family members who may arrive with young children. There was a signing in register to account for visitors to the centre. The centre's visiting policy required a review as it did not give sufficient detail about the visiting arrangements that were in place. This is described further under Regulation 4: Written policies and procedures.

Judgment: Compliant

Regulation 12: Personal possessions

There were effective arrangements in place to ensure that residents retained control and had access to their property, possessions and finances. This was evidenced by:

- The management of residents laundry which included dedicated support to ensure residents clothing was cleaned, returned in a timely manner and appropriately stored.
- There were policies and procedures in place to support residents access and manage their finances.

- Resident rooms were spacious and well laid out so that residents could access their personal belongings. Resident's were provided with a locked facility so that they could store their private belongings securely.
- Residents were able to bring in items of furniture and items dear to them upon admission to the centre.

Judgment: Compliant

Regulation 17: Premises

The inspectors found that there was a lack of appropriate storage facilities in one of the designated centre's units, this was evidenced by,

- The storage of one electric and two manual wheelchairs in a dining room.
- Mobility hoists were being charged in the resident's dining room.
- One store room was cluttered with large rolls of plastic sheeting, sit on weighing scales, two wheelchairs and a mattress for repair. The room was dusty and the floor could not be effectively cleaned.
- Staff had left plastic bags and ties in a resident's bathroom for the staff's convenience.
- A hoist was being stored in a communal bathroom.
- Linen skips were being stored in residents' communal bathrooms and not in the dirty linen store.

The internal garden area required gardening maintenance to ensure it was a suitable space for residents to use. The garden was overgrown with weeds and grass which had a negative impact on the appearance of this space. Several traffic warning cones were being used to warn residents of a drop from the path which posed a risk. There was no date for this remedial work to be completed.

A number of records relating to the servicing of equipment used in the running of the centre were not available at the time of the inspection. These records were made available for review post inspection and are discussed in more detail under Regulation 21: records.

Inspectors found that there was poor wifi connectivity in the centre which was an ongoing issue and impacted on residents enjoyment of their lived environment. Further discussion on inconsistent wifi services is discussed under Regulation 9 Residents' rights.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents taking their lunch in one of the dining rooms on Ross unit did not have a pleasant environment or ambiance in which to enjoy their meal. The inspector observed that the residents were seated at a table that did not provide enough space for their meal trays and was not at the correct height for them to be able to see their food easily and to eat their meal in comfort. Staff were observed to serve the meal and leave the dining room. The residents were obviously finding it difficult to reach their meal trays at the table and one resident's meal tray was unbalanced and almost fell into their lap. There were no staff available to support these residents to eat their lunch and the inspector had to seek out a member of staff to assist the residents.

The member of staff transferred the residents to over bed dining tables at which they all sat separately to eat their meal. This was not a pleasant and dignified dining experience and did not encourage residents to chat together and socialise during the meal.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents guide available in the centre, however this guide required updating to reflect the changes in regulation 34: complaints procedures which came into operation on the 1st of March 2023. The guide currently available for residents and their families did not incorporate these changes. Further detail is discussed under regulation 4: Written policies and procedures.

Judgment: Compliant

Regulation 26: Risk management

- The centre's risk management policy included the measures and actions to control the risks specified in regulation 26(1)(c). An up-to-date safety statement, current risk register and risk management policy was in place.

An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform response to any major incidents that may occur.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that governance arrangements were in place to ensure sustainable delivery of safe and effective infection prevention and control measures in the designated centre, there were however some improvements regarding the supervision of cleaning processes which are described under Regulation 16: training and development. In general inspectors found,

- Sluice facilities were suitable and well equipped for their intended purpose.
- Clinical and general waste facilities were secure and well managed.
- Overall the centre was clean and well-maintained.
- Cleaning schedule records were in place and were available for review.
- Regular training was provided to staff to ensure they were up-to date with infection prevention and control interventions.
- Good awareness among the clinical team of microbial stewardship.
- Cleaning staff demonstrated an awareness of the potential risks posed by multidrug resistant organisms (MDROs) and on the appropriate cleaning measures required to eliminate these risks.

Judgment: Compliant

Regulation 28: Fire precautions

When the fire alarm sounded on Ross unit not all staff responded in line with the centre's fire emergency procedure. For example

- Not all staff attended the fire panel to await instructions from the nurse in charge.
- Some staff left the fire panel area before they were instructed to do so.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

One resident's responsive behaviours care plan was not clearly set out to guide staff in relation to their responsive behaviours, antecedents to those behaviours and the appropriate interventions to implement to support and reassure the resident if they became agitated.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical and specialist services in line with their needs. Referrals to specialist services such as physiotherapy were made in a timely manner. Where specialist or medical practitioners prescribed treatments/interventions these were implemented.

Residents received a good standard of evidence based nursing care in line with their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Access to responsive behaviours training had improved since the last inspection and staff demonstrated appropriate knowledge and skills in relation to the management of responsive behaviours. There was a calm atmosphere in all units and overall low levels of responsive behaviours in the centre.

The policies in relation to responsive behaviours and the use of restraints had been updated in September 2022 and reflected the national guidance.

There was a clear commitment from managers and staff to continue to reduce the use of restraints and works towards a restraint free environment.

Judgment: Compliant

Regulation 8: Protection

The inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Residents stated that they felt safe living in the centre. A review of staff records found that all the required documents were in place for staff employed in the designated centre in accordance with schedule 2 of the Regulations.

There were arrangements in place to protect residents finances and the provider confirmed that they were not acting as a pension agent for residents living in the designated centre. There was a safeguarding policy in place to guide staff on how to manage a safeguarding concern and also on how to provide effective support to

residents involved in this process. There were however four staff who required updated training in safeguarding which is discussed further under Regulation 16: training and development.

Judgment: Compliant

Regulation 9: Residents' rights

The provider did not ensure that all residents had opportunities to participate in meaningful activities in accordance with their interests and and capacities.

- Residents on Ross unit did not have access to a planned activities schedule on the day of the inspection and no activities were provided for residents on the unit. Furthermore a review of three residents' records showed that they had not had access to activities on a number of days in July with one resident not provided with activities since their admission two weeks prior to the inspection.

The provider did not ensure that all residents who wished to to could access WIFI in the centre. Both residents and family members had registered their dissatisfaction with the quality of the Wifi available in the centre. The WIFI service was unreliable which limited how residents could access internet services and communications. There was no plan in place to address the issues and improve the service for the residents.

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	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sacred Heart Hospital Castlebar OSV-0005730

Inspection ID: MON-0038101

Date of inspection: 14/07/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Director of Nursing campaign is now completed and the successful candidate has accepted the post and is being processed.</p> <p>Acting Director of Nursing and PIC has successfully completed a recognized accredited Management Course.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The training coordinator has devised a planned schedule to refresh all staff in safeguarding vulnerable adults. MAPPA On line HSELand training has been completed by all staff.</p> <p>Positive Behaviour Support. A Human Rights Based Approach. (Previously called training in Behaviour that Challenges) scheduled for Tuesday 24th October 2023 09.00 – 17.00</p> <p>Training for all Hygiene personnel planned sessions to ensure practices are universal and in line with current IPC guidelines dates for training pending .</p> <p>Hygiene supervisor to issue memo to all Hygiene staff to advise on correct products for cleaning of all surfaces including the floor and to refer to product list for correct dilution</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Records for servicing equipment, financial records and records confirming the servicing of firefighting equipment are now held in a central location readily accessible for inspection.</p> <p>All staff have been re-educated and made aware of the importance of completing repositioning records and 30 minute check documentation when completed. Ward Managers have been asked to spot check care plans to ensure this being carried out</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Interviews have been held and recruitment for vacant positions underway. The roster has been reviewed, to ensure each day is covered by at least one activity staff member.</p> <p>Records for servicing equipment, financial records and records confirming the servicing of firefighting equipment are now held in a central location readily accessible for inspection</p> <p>The complaints policy has been updated and now includes the changes that came in operation on 1st March 2023 regarding the handling of complaints The changes now identify how to support residents by providing access to patient advocacy services.</p> <p>The training coordinator has devised a planned schedule to refresh all staff in safeguarding vulnerable adults MAPPA. On line HSELand training completed by all staff.</p> <p>All staff have been re-educated and made aware of the importance of completing repositioning records and 30 minute check documentation when completed. Ward Managers have been asked to spot check care plans to ensure this being carried out</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been updated and now reflects Changes to the management structure at provider level. Changes regarding the handling of complaints, The Statement of Purpose now includes the changes that came in operation on 1st March 2023 regarding the handling of complaints The changes now identify how to support residents by providing access to patient advocacy services.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The complaints policy has been reviewed and updated to reflect:</p> <ol style="list-style-type: none"> 1. Who the review Officer is. 2. Updated timeline for complaints to be investigated and concluded 3. Training required for complaints and review officers involved in the handling complaints in the Centre 4. Availability of independent advocacy assistance for residents with making a complaint <p>The visiting Policy has also been updated and now includes visiting guidelines in the event of a Covid 19 outbreak in the Sacred Heart Hospital.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All equipment has been moved from dining room. Store has been cleared of equipment not in use and thoroughly cleaned. All plastic bags and ties have been removed from resident's bathroom. Hoist has been removed from the communal bathroom. Linen skips now stored in the dirty linen store. These changes have been communicated to staff via team meetings and supervision of areas by ward managers.</p> <p>The internal Garden has had considerable works completed since the inspection. The garden has been weeded and all footpaths power washed. Flower beds have been build</p>	

<p>up with bark chippings to eliminate the drop in the path, thus reducing risk.</p> <p>Records for servicing equipment, financial records and records confirming the servicing of firefighting equipment are now held in a central location readily accessible for inspection</p> <p>Confirmation received from HSE IT department confirming that they are progressing with Guest Wi-Fi. Routers have been reconfigured providing Wi-Fi connections in the sitting rooms of both Suites.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Height adjustable tables are available for residents to enjoy their meals in the dining room on the Ross Suite. Ward managers have been advised that Staff are made available and supervise meal times in the dining room at all times. An audit of meals times has been completed and recommendations fed back to staff via ward meetings</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Monthly fire drills ongoing. All staff have been directed by ward managers to wait at the Fire panel until the directive to attend the area indicated on the Fire panel or to resume duties.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>An audit of responsive behaviours care plans has been completed and all relevant care plans updated to clearly set out guides for staff in relation to specific interventions to implement to support and reassure the resident if they become agitated.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The roster has been reviewed, to ensure each day is covered by at least one activity staff member. All activities staff are made aware of documenting if a resident does not wish to attend Activities and to ensure new admissions are included in activities schedules if they so wish</p> <p>Confirmation received from HSE EHealth department confirming that they are progressing with Guest Wi-Fi. Routers have been reconfigured providing Wi-Fi connections in the sitting rooms of both Suites.</p>	

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 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	26/10/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15/10/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	24/10/2023
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.	Substantially Compliant	Yellow	31/03/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate	Substantially Compliant	Yellow	15/10/2023

	quantities of food and drink which are properly and safely prepared, cooked and served.			
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	15/07/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	24/10/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	24/10/2023
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	24/10/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	15/07/2023

	reviewing fire precautions.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/07/2023
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	24/10/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	24/10/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a	Substantially Compliant	Yellow	15/10/2023

	person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	15/10/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	15/07/2023
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	15/10/2023
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/03/2024

