



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

## Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Hospital & Care Home
Name of provider:	Health Service Executive
Address of centre:	Sacred Heart Hospital & Care Home, Golf Links Road, Roscommon
Type of inspection:	Announced
Date of inspection:	06 February 2024
Centre ID:	OSV-0000654
Fieldwork ID:	MON-0034282

## About the designated centre

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

The Sacred Heart Hospital provides residential, respite and rehabilitation services to seventy five adults. The centre is organised into four units. St Catherine's unit has 32 beds and includes one palliative care suite. Our Lady's unit and St Josephs unit provide care for 13 residents on each unit who require long term care. St Michael's provide 17 beds, 14 long term and 3 beds allocated for respite care. All units are self contained and have a main sitting and dining area and other smaller seating areas. There are a number of communal bathrooms and toilets on each unit. St Catherine's has four single en-suite rooms. There are several enclosed gardens that are accessible from each unit and that have been cultivated to provide interest for residents. The centre is located close to Roscommon town and local amenities. There are allied health professionals on site and a physiotherapy suite and an occupational therapy room are accessible to residents. An activities therapy team organise and provide the daily activities programme.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	56
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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
Tuesday 6 February 2024	09:00hrs to 14:00hrs	Michael Dunne	Lead
Wednesday 7 February 2024	09:00hrs to 16:00hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in the centre. Inspectors observed that staff in the centre on the day of the inspection were familiar with the resident needs and their preferences. Residents confirmed that they were offered choice in key aspects of their care. This included discussions on what activities residents would like to participate in, how they would like personal care support to be provided, to finding out their choice of food.

Upon arrival the inspector was guided through the centre's infection prevention and control procedure which included symptom checking, and monitoring of temperature. Following an introductory meeting with the person in charge the inspector commenced a walk round of the designated centre.

Sacred Heart Hospital and Care Home is located on the outskirts of Roscommon Town and is registered to accommodate 75 residents. There were 56 residents residing in the centre at the time of this inspection accommodated in three units, St Catherine's, Our Lady's and St Michael's unit. St Michael's had been recently refurbished and provided accommodation to residents on a shared occupancy basis. All rooms in this unit were of a sufficient size to ensure that residents privacy and dignity was protected and that there was sufficient storage facilities available. Our lady's unit had been reconfigured with all four bedded rooms reduced to three in order to provide sufficient space for residents to maintain their privacy, dignity and be able to access their storage within their own private space. St Catherine's provided accommodation in a mixture of shared and single occupancy rooms. The inspector observed that residents personalised their own private spaces with their photos, ornaments and personal items. All of the units had their own separate dining and sitting room facilities.

There were no residents living on St Joseph's unit due to planned development works. The oratory room which had been created when the main chapel was closed in 2023 was located in St Joseph's unit and was in use by the residents.

The provider was made aware of their responsibility to ensure that a suitable alternative location for the oratory was made available for residents when this unit closed. There were arrangements in place to ensure that residents were kept informed regarding key events in the centre. There was good use of notice boards to update residents on the availability of activities, access to advocacy and on how to register a complaint. In addition, resident meeting records confirmed that residents were communicated with on a regular basis. A review of the designated centre's annual review of quality and safety dated 2024 confirmed that residents and their families were consulted about the quality of services provided. As a result of this consultation improvement plans were identified to maintain and improve upon the quality of services provided.

Residents who spoke with the inspector expressed satisfaction with the care and

support provided by the staff team. Resident's told the inspector that staff were very helpful and dedicated to their role. The inspector met and spoke with several residents who confirmed that they felt safe living in the centre and that they if they had a worry or concern they could raise this with any member of the team. Residents who expressed an opinion said that they were happy with laundry support. Records confirmed that there was laundry support available seven days a week.

One resident who communicated with the inspector said " the food is excellent and I don't have to worry about arranging to see my doctor anymore, the staff arrange that for me and they come and see me here."

There were visitors observed attending the centre throughout the two days. Some visitors were observed assisting their loved ones with their eating and drinking and were happy to be involved in the care of their loved ones.

There were private and communal facilities available in the centre for residents to receive their visitors.

Resident told the inspector that they were supported to have their meals either in their room or in dedicated communal facilities. Observations, confirmed that residents were offered a choice of meal and that they could receive an alternative meal if they did not like what was on the menu. On day two of the inspection the choices of main meals available included a fish meal, roast beef and chicken Kiev options.

A number of staff and resident interactions were observed, and the inspector was assured that residents who had communication needs were supported by staff in a positive manner. Resident's were given time and space to make their views known. These interactions confirmed that staff were aware of individual resident's needs and were able to respond to those needs in a positive manner. Residents who walked with purpose were supported by staff in a dignified manner and this approach was seen to reduce potentially challenging behaviours and maintain the safety of those residents.

There was a well planned activity programme available in the centre. Residents who attended the organised sessions were encouraged and supported to participate in the activities provided. Activities available in the centre included, arts and crafts, knitting, quizzes, bingo, exercise games, movies and current affairs discussions.

The inspectors visited the laundry and a number of sluicing facilities in the centre and found them to be suitable for their intended purpose. There was also sufficient storage in the centre which allowed for appropriate segregation of clinical and non clinical items. All equipment used to support residents with their care needs was observed to be clean and well-maintained. There were systems in place to confirm when equipment was cleaned and suitable for re-use.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in

relation to compliance with the regulations are set out under each section.

## Capacity and capability

The inspection found that designated centre was well-managed for the benefit of the residents who lived there. There were systems to ensure that care and services were safe and were provided in line with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care and support were respected and promoted.

An application to renew the registration of the designated centre was received by the Chief Inspector and was being processed in line with procedures. The provider also submitted an annual review of quality and safety dated 2024 and policies on safeguarding and risk management.

This announced inspection was carried out over two days to monitor compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspector also followed up on the compliance plan actions that the provider had committed to take to address the findings of the previous inspection in April 2023 and found that the provider had made significant improvements to achieve compliance with the regulations. These actions are discussed in more detail under the relevant regulations referring to premises and fire safety.

The Health Service Executive (HSE) is the registered provider for this designated centre. There was a clearly defined management structure in place that was accountable for the delivery of safe and effective health and social care support to residents. The management team consists of a general manager, a manager for older person services, a person in charge and an assistant director of nursing. A team of nurses, health care assistants, household, catering, maintenance, physiotherapy and occupational therapy support were also involved in the delivery of care to the residents in the designated centre.

There were a range of systems in place to monitor the quality and safety of the service provided and in the main they were effective, however audits in relation to end of life care plans and medications required review as they had not identified the non compliance in these areas found on this inspection. These findings are described in more detail under Regulation 23. Nevertheless, the majority of information gathered through audits and through the monitoring of key performance indicators was accurate and used effectively to identify and implement service improvement.

The inspector found that there were appropriate numbers of nursing and care staff available in the centre to meet the assessed needs of residents and ensure the safe delivery of the service. Staff had a good awareness of their defined roles and responsibilities. Staff members spoken with told the inspector that the person in charge was supportive of their individual roles and had a visible presence within the

centre on a daily basis. There was good oversight of staff training with records confirming that training was provided on a regular basis to maintain staff mandatory training requirements.

Overall, there was a low level of complaints in the centre. A review of the complaints log and from speaking with residents showed that complaints were investigated and well managed in line with the centre's policy and procedures. The complaints policy was reviewed and found to be compliant with regulatory changes brought in on 1 March 2023 to Regulation 34:Complaints.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training. Records showed that staff were up to date with their mandatory training requirements. Records confirmed that new staff were completing induction training which included manual handling, fire safety, transmission based precautions and safeguarding training.

A review of staff training documentation also confirmed that there was a range of supplementary training available for staff to attend such as wound management, medication management, dementia, dysphasia ,cardio-pulmonary resuscitation (CPR), restrictive practice, responsive behaviours and first aid.



Judgment: Compliant

### Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents in place which was renewed on an annual basis.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided however some actions were required to ensure that these systems were effective in the following areas,

A medication audit did not identify that medicines prescribed for a resident did not have the required authorised signature in place to confirm the route of administration.

The recording of care plan review meetings held with family members did not always provide sufficient information to ensure that all aspects of the care plan was discussed and reviewed.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of number number of contracts for the provision of care and services. All of the contracts reviewed satisfied the requirements of the regulation. The contract between the registered provider and the resident set out the terms and conditions of the agreement and included the type of room offered to the resident upon admission. Details of additional fees for other services were also included in the contract.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available in the designated centre which

contained the information set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified, and found these were managed in accordance with the centre's policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy and procedure available in the designated centre which was accessible to residents and their families should they wish to register a complaint. Complaints received by the registered provider were discussed and reviewed at governance meetings in order to identify improvements in the service provided.

The designated centre's complaints log confirmed that all complaints were processed in accordance with the designated centre's policy and procedure and recorded the satisfaction levels of the complainant.

Judgment: Compliant

## Quality and safety

Residents living in this centre experienced a good quality of life and received timely support from a caring staff team. Residents' health and social care needs were met through well-established access to health care services and a planned programme of social care interventions.

Redevelopment works and upgrades to St Michael's unit were found to have been completed to a high standard. All areas of the premises that required actions to comply with Schedule 6 of the Regulations had been addressed by the provider. In addition, improvements that were identified on the last inspection in relation to fire safety had also been completed.

There was a high standard of care planning in this centre which was inclusive and identified appropriate interventions to meet the needs of the residents, there were how some actions required to ensure that all care plan reviews were recorded not only to confirm that they had occurred but also as a record of key discussions surrounding resident care issues. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. The inspector saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre.

Residents were supported to live a healthy lifestyle in accordance with their individual preferences. Residents were provided with information and support to make informed decisions in relation to their health care needs. In circumstances where residents were unable to play an active role in this process, the provider liaised with the residents relatives. Clinical staff were observed communicating with resident's in relation to the health care needs and in particular around the benefits of sufficient hydration and nutritional intake There was well-established links with local medical and allied health care services such as dietitians and tissue viability nursing services. Physiotherapy was provided in house. Medical records reviewed confirmed residents also had access to specialist services such as psychiatry of old age.

There was good oversight of medicines and pharmaceutical services. Staff were knowledgeable on the medications that were prescribed for residents and on their side effects. There were effective communication systems in place with the centre's pharmacist and GP to ensure that residents medicines were well managed. Nevertheless, one resident was administered crushed medication which did not have the required documentation signed by the resident's GP. This was brought to the attention of the person in charge who made arrangement's for this issue to be corrected.

The inspector observed a meal service and found that this was a pleasurable experience for residents. There was a relaxed ambiance at mealtimes which contributed to this ambiance. There was regular communication between staff and residents during mealtimes to ensure that residents were content with the meals provided.

The provider had completed the fire safety improvement actions from the previous inspection in May 2023 and this ensured that there were adequate checks and precautions in place to ensure residents were protected from the risk of fire. The installation of additional emergency lighting, the creation of a new pathway, assisted in ensuring residents had a safe route to the new assembly point which was in close proximity to final fire exits. Discussions with staff confirmed that they were aware of the fire precautions in the centre and had attended fire safety training.

The centre was clean and well-maintained. Housekeeping services such as cleaning which had been outsourced were now under the direct control of the management team. Measures were in place to promote effective oversight of infection control. Staff attended refresher infection control training to maintain their knowledge and

there were several nurses who had attended additional infection control training.

There was a scheduled of activities displayed in the centre. Residents were encourage and supported to attend these activities in accordance with their preference. There were a number of activities organised on the inspection days. A meeting to display resident artwork was well attended by residents and featured residents art work which had been completed throughout the year. Residents were also facilitated to attend a display of stuffed animals and birds. This created a lot of discussion with many residents recalling stories and encounters of meeting foxes and swans when they were small children.

Some residents preferred to remain in their rooms and the inspector observed staff interacting with these residents on a regular basis to provide social care support. This helped to ensure that these residents were not isolated and that they had appropriaite levels of social engagement and activities in line with their assessed needs and preferences.

Resident meetings were well organised and well attended by the residents. Topics discussed included resident views on activities, food and on accessing community facilities. Records showed that some residents had expressed their dissatisfaction with the recent closure of the chapel and the relocation to the oratory on St Michael's unit. The provider informed residents the reasons behind the decision to close the chapel and relocated to St Josephs Unit.

### Regulation 11: Visits

Visits by residents' families and friends were encouraged and the inspector observed several visitors attending the designated centre during the day. Residents access to their visitors was unrestricted and there were facilities available for residents to meet their visitor's in private in other locations apart from their bedroom.

There was a signing in register in place for all visitors to complete which requested information on infection status. Other precautions included the requirement to complete a wellness check and hand hygiene tasks.

Judgment: Compliant

### Regulation 13: End of life

A sample of care plans reviewed confirmed that residents and or their family members were consulted in relation to creating a care plan that was consistent with the residents end of life wishes. Treatment and care preferences were clearly documented in the care plans reviewed. There was access to palliative care services

to support residents who were at end of life.

Judgment: Compliant

### Regulation 17: Premises

The premises is suitable in size and layout for the number of residents and their assessed needs. There was sufficient communal and private spaces available for residents to use. The centre is well-maintained clean, warm and free for mal-odours.

This is a complicated building with a large footprint. There was a range of directional signage which assisted residents to find their way to key locations in the centre such as sitting and dining rooms and to the oratory which had been relocated to St Josephs unit.

The layout of shared rooms ensured that residents privacy and dignity was protected. Residents were provided with sufficient storage facilities which promoted easy access and storage to their personal belongings, this included the provision of a lockable facility.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to a range of nutritious meals from a seasonal menu. Food was freshly cooked on the premises and was served from a heated trolley which was transported to each unit from the main kitchen. There were sufficient staff to support residents at meal times. Some residents required one to one support with their eating and drinking and observations confirmed that this support was provided in a supportive manner taking into account residents individual needs.

Residents had access to a selection of snacks and drinks which were served throughout the day. Residents who had specific nutritional needs had a care plan in place to direct staff on safe and appropriate care. For example residents who needed textured diets or thickened fluids had clear care plans in place and these were communicated to care staff and to the catering team.

Judgment: Compliant

### Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The local risk register was comprehensive and detailed. Risks were kept under review by the person in charge and were reviewed and updated on a regular basis. The risk register identified risks and included the additional control measures in place to minimise the identified risk.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE). Regular resident and staff meetings ensured that all were familiar and aware of the good practice in relation to infection control.

Regular audits of infection prevention and control, environment and hand hygiene found good levels of compliance; the inspector also noted that staff were seen to perform hand hygiene and wear PPE at appropriate times while caring for residents.

Judgment: Compliant

### Regulation 28: Fire precautions

There is good oversight of fire safety in this centre which ensured the arrangements in place to protect residents in the event of a fire emergency were suitable. For Example:

- There were arrangements for quarterly and annual service of fire systems.
- Records were maintained which described simulated evacuations, and confirmed that there were sufficient resources available to ensure residents were kept safe in the event of a fire emergency.
- Fire maps were located throughout the centre identifying one's location and directions to the nearest fire exit.
- Resident peeps were well maintained and kept up to date.
- All electrical equipment was pat tested on an annual basis (PAT).
- All staff were up to date with their fire training requirements.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were comprehensive policies and procedures in place for the administration of medications however the provider needed to take further actions to ensure that all medicines were administered in accordance with with the prescriber's instructions. For example:

- Crushed medications which were administered for one resident had not been signed by the resident's general practitioner (GP).

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

While there was evidence that care plan reviews were been held in the centre in line with regulatory requirements and that residents and their families were involved in these reviews. There was however, an absence of records confirming that residents end of life status was reviewed as part of this process.

Judgment: Substantially compliant

## Regulation 6: Health care

The inspector found that residents had timely access to medical and allied health care professionals. There were also arrangements in place for out of hour's medical support for the residents. The registered provider ensured that there was a high standard of evidence based nursing care in accordance with professional guidelines. For Example:

- Referrals were made in a timely manner for medical input when residents presented as unwell.
- Care plans were updated to incorporate medical guidance and treatment plans.
- Residents medicines were reviewed on a regular basis by the medical team attending the centre.

Judgment: Compliant

## Regulation 8: Protection

The inspector found that the provider had taken all reasonable measures to protect residents from abuse. The inspector spoke with several staff in the course of the inspection and all, confirmed that they had attended safeguarding training and were confident that they would be able to use this training to ensure that residents were protected from abuse.

A review of records relating to one safeguarding incident found that the registered provider ensured that this incident was investigated promptly in line with their safeguarding policy, and that appropriate measures were identified and implemented to protect the residents from harm in their care plan.

A number of staff files were reviewed and all were found to contain the required information set out under Schedule 2.

The registered provider acted as a pension agent for a number of residents. A review of records made available for the inspector to review confirmed that there were robust arrangements in place to ensure that residents finances were safeguarded.

Judgment: Compliant

## Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests and capacities. There was an accessible schedule of activities which provided information on the activities available in the centre. The range of activities provided in the centre was developed taking into consideration resident feedback and promoted residents physical and mental health. Residents also had good access to a range of media which included newspapers, television and radios.

Resident meetings were held on a regular basis and meeting records confirmed that there was on-going consultation between the staff, management and residents regarding the quality of the service provided. There was accessible information available in the centre which provided details on how resident's could access advocacy support. Residents were supported to attend religious services and to practice their faith. An oratory room had been provided for resident to attend for prayers and services when the chapel was closed due to fire safety risks in 2023.

Judgment: 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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Sacred Heart Hospital & Care Home OSV-0000654

Inspection ID: MON-0034282

Date of inspection: 07/02/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A medication audit did not identify that medicines prescribed for a resident did not have the required authorised signature in place to confirm the route of administration.</p> <p>The required documentation was signed by the resident's GP. Date completed 8th February 2024.</p> <p>The recording of care plan review meetings held with family members did not always provide sufficient information to ensure that all aspects of the care plan was discussed and reviewed.</p> <p>Four monthly care plans reviews are completed in conjunction with a significant other and/or resident with the GP and the staff nurse and all aspects of the care plan is discussed. Previously DNR was documented in the medical notes on an annual basis or sooner if there was a change in the residents condition. The DNR status will be discussed at 4 monthly reviews. Completed by 31st May 2024.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Crushed medications which were administered for one resident had not been signed by the resident's general practitioner (GP).</p>	

The required documentation was signed by the resident's GP. Date completed 8th February 2024.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

While there was evidence that care plan reviews were been held in the centre in line with regulatory requirements and that residents and their families were involved in these reviews. There was however, an absence of records confirming that residents end of life status was reviewed as part of this process.

Four monthly care plans reviews are completed in conjunction with a significant other and/or resident with the GP and the staff nurse and all aspects of the care plan is discussed. Previously DNR was documented in the medical notes on an annual basis or sooner if there was a change in the residents condition. The DNR status will be discussed at 4 monthly reviews. Completed by 31st May 2024.

## 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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/05/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	01/02/2024
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	31/05/2024

	formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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