



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Hospital & Care Home
Name of provider:	Health Service Executive
Address of centre:	Sacred Heart Hospital & Care Home, Golf Link Road, Roscommon
Type of inspection:	Unannounced
Date of inspection:	18 May 2021
Centre ID:	OSV-0000654
Fieldwork ID:	MON-0032958

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 ninety five adults. The centre is organised into four units. St Catherine's unit has 37 places beds which include 24 places devoted to long term care and 12 places for residents who require respite care or rehabilitation. It also has one palliative care suite. Our Lady's unit provides care for 17 residents who require long term care. St Michael's and St Josephs provide 20 and 17 places respectively for long term 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:	72
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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 18 May 2021	09:30hrs to 16:30hrs	Sean Ryan	Lead
Wednesday 19 May 2021	10:00hrs to 16:00hrs	Sean Ryan	Lead
Tuesday 18 May 2021	09:30hrs to 16:30hrs	Una Fitzgerald	Support
Tuesday 18 May 2021	09:30hrs to 16:30hrs	Gordon Ellis	Support
Wednesday 19 May 2021	10:00hrs to 16:00hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

This inspection was carried out during the COVID-19 pandemic and during a national incident which compromised the information technology (IT) access in the centre.

The feedback from residents was positive about staff and the care provided. Inspectors spoke with a number of residents present on the days of inspection. All residents spoken with were happy living in the centre and complimented the staff on their kindness and the positive relationships they had established with staff made them feel at home.

Residents spoke of the challenges they faced with COVID-19 restrictions over the past year and how being away from their families had impacted them. Despite this, residents detailed the various methods they used to stay connected with their families such as video calls, social media, telephone and window visits. Residents complimented staff on how they protected them. Some residents were observed receiving visitors at their bedroom patio doors and windows and told inspectors how happy they were to be able to connect with their loved ones. There was a portable wifi modem and computer available to residents that had been unaffected by the cyber attack on the HSE IT systems which allowed residents to continue using social media. Residents were observed chatting with one another and staff about the news on television and on the front of their news papers and a respectful, person centred rapport was evident.

Over the two day inspection, Inspectors observed residents' choice to be respected and residents could exercise control over how to spend their day. For example, some residents liked to be up early while others preferred to remain in their rooms and staff were observed to respect this choice. Residents were seen to be up and walking around the units and through the corridors of the main buildings, some with the assistance of staff.

Residents were observed to have their individual choice and style of clothing and appearance respected. Staff supported residents with this choice. Resident were observed having their hair and nails attended to by staff and the engagement was person centred.

There was ample outdoor and garden space that was well maintained and landscaped with seating available for residents and visitors. Inspectors spoke with a resident who guided them through the programme of works that was ongoing in the enclosed gardens. While a resident had taken the lead on the maintenance of the gardens they confirmed that they were fully supported by management in the purchase of plants, pots etc to ensure the space is enjoyed by all residents. The resident had taken responsibility for the maintenance on the poly tunnel and was proud to show inspectors the work done and discuss future plans for the poly tunnel. Staff were observed bringing residents outside for walks and engaging in

friendly conversation.

There was a relaxed and homely atmosphere throughout the centre and the day room furnishings were bright, colourful and kept in good condition. Residents had a choice of daily activities on each unit and a schedule was displayed prominently and updated daily. Residents had a choice to attend mass in the adjoining chapel or listen to it via a live link to speakers located in their bedrooms.

Residents said they could talk to staff about any concerns they had and were confident that any issue raised would be resolved promptly. Residents detailed their experience of living in the centre and how staff had made them feel welcome and at home when they first arrived and this had a positive impact on their comfort living in the centre. One resident said they had regained their confidence, following a fall at home, through physiotherapy and occupational therapy and with the support and encouragement of staff to exercise daily.

Residents were complimentary about the menu and choice provided and how they could have something different off the menu if they preferred. Some residents attended the dining room in their units while others chose to remain in their bedrooms. Staff were observed assisting residents in a respectful and dignified manner. Each unit had a small self catering area available to residents in the dining room with fresh juice, light snacks and tea and coffee. Residents who chose to remain in their bedrooms had access to the same refreshments, brought to them by staff.

Inspectors walked through the centre and met with a number of residents in their bedrooms. Residents experience of their bedrooms were varied. Some residents had additional space in their multi-occupancy bedrooms due to the removal of vacant beds. This provided additional communal space and residents were observed by inspectors sitting out chatting and using this space to enjoy the view of the enclosed garden. However, other residents expressed dissatisfaction with the privacy afforded to them in their multi-occupancy bedroom. For example, a resident said he would have to get up from bed at night to close their curtain screen after staff had used the clinical hand hygiene sink that was located within the residents private accommodation.

The following sections of the report outline the inspection findings in relation to the capacity and capability the centre and how this supports the quality and safety of the service been delivered.

Capacity and capability

This risk based unannounced inspection was carried out by Inspectors of Social Services over two days:

- Following an application to renew registration of the centre

- To ensure compliance with 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 follow up on the non-compliance identified in the last inspection
- To follow up on notifications submitted to the office of the Chief Inspector.
- An Inspector of Estates and Fire attended the centre for one day to assess compliance with regulation 28, fire precautions.

The centre is comprised of four distinct units, Our Lady's, St. Michael's, St. Josephs and St. Catharine's. Inspectors inspected each of the units over the two day inspection and met with a number of residents and staff.

The Health Service Executive (HSE) is the Registered Provider of the centre. There was a clearly defined management structure in place that was accountable for the delivery of safe and effective care and to residents. The management team consisted of a general manager, a manager of older person services and the person in charge. An application to renew registration was submitted to the Chief Inspector. The provider had sought to reduce the number of registered beds in the centre from 95 to 91 beds.

The person in charge had recently been appointed to the centre and the required documentation had been submitted as per the regulation. The person in charge worked full time in the centre and was an experienced registered nurse with previous experience in the management and care of the older person. The person in charge was supported by the Assistant Director of Nursing (ADON) who deputised in her absence.

Records reviewed evidenced weekly governance meetings held via teleconference and on site visits by the registered provider representative to discuss the quality of the service, staffing, COVID-19 and risk management.

While there was an established governance and management structure in the centre, a review of some of the management systems and oversight of the service required improvement to ensure fire precautions, premises, infection control and residents rights comply with regulations and standards.

On the day of inspection, there were 70 residents in the centre and two residents in hospital with dependency levels as follows: 18 Maximum, 24 medium, 26 medium and four low.

Each unit had the appropriate staffing numbers and skill mix to meet the assessed needs of the current residents. The team providing direct care to residents consisted of a registered nurse on duty, a clinical nurse manager to supervise the care provided to residents and a team of health care assistants. The clinical nurse manager was responsible for the day to day management of the unit in the absence of the person in charge and assistant director of nursing. Staffing had stabilised since the last inspection and there was minimal re-deployment of staff to other area in the centre. This had a positive impact on the continuity of care provided to residents. A staffing plan was in place for the planned reopening of day care

services to ensure that staff redeployment to this service would not impact on residents living in the centre.

Records were retrieved and accessible on the day of inspection. Files of recently recruited staff members were reviewed and contained the information required by the regulation including Gáarda Síochána vetting disclosures.

There were systems in place to review the quality and safety of care in the centre. The annual review of quality and safety of care in the centre for 2020 had been completed. A revised audit schedule had been developed and implemented that included Infection control, hygiene, falls, complaints and weekly walk around the centre to assess facilities. This had been communicated to staff.

Inspectors acknowledged the COVID-19 pandemic had been difficult on residents and staff. Staff spoken to by inspectors detailed the challenges they faced during the pandemic and the importance of supporting each other and residents who were unable to connect physically with their families.

There was a training record in place that was under review at the time of inspection. Management advised that the majority of staff had completed mandatory training in safeguarding, infection, prevention & control. All staff had completed up-to-date fire training. The person in charge and assistant director of nursing had completed a training analysis and were in the process of scheduling outstanding training for staff. As a result of restricted access to IT systems, the management were unable to clarify to the inspectors the accurate number of staff with outstanding training needs. However, staff were knowledgeable regarding the procedure in the event of a fire alarm activation, safeguarding, hand hygiene and complaints.

Overall, inspectors were satisfied that complaints were managed in line with the centres complaints policy. The system for logging complaints and compliments had been revised and segregated since the last inspection. Each unit maintained a complaint register and the complaints procedure was prominently displayed on each unit and had been updated with the relevant change in management personnel. Residents were aware of this change. Residents with whom inspectors spoke felt able to raise concerns with a member of staff and were confident that their concerns would be acted upon and resolved. However, improvements were required to ensure that the documentation of complaints was consistent with the centres policy and procedure. This is discussed further under Regulation 34: Complaints.

The findings from this inspection evidenced that many non compliance's identified during the last inspection had been addressed. However, further improvement was required in relation to non- compliance with Regulation 17: Premises, Regulation 28: Fire precautions and Regulation 9: Residents Rights. These are discussed further under their individual regulations.

Registration Regulation 4: Application for registration or renewal of registration

The application for the renewal of registration was not made within the specified time frame and was not accompanied by full and satisfactory information in regards to the matters set out in Schedule 2, Part B of the registration regulations.

For example, the application form had not been signed by a responsible person and was returned to the provider. The floor plans submitted to the Chief Inspector for the purpose of the renewal of registration were not accurate on the day of inspection. For example, the layout of an en-suite shower room was not accurate on the floor plans.

Judgment: Not compliant

Regulation 15: Staffing

The number and skill mix of staff on duty during the inspection was appropriate to meet the assessed needs of the current residents in line with the centres Statement of Purpose and Function. There is a minimum of one registered nurse on duty, supported by a Clinical Nurse Manager on each unit. There is one clinical nurse manager on duty at night to supervise each of the four units.

Staffing was supported by the use of regularised agency staff. Staffing rosters evidenced that the centre had a stable workforce and this had a positive impact on the residents care needs. Each unit had a dedicated household staff member responsible for cleaning.

The person in charge had a recruitment plan in place to ensure staffing remained stable. Adjoining day care services had been suspended due to COVID-19 and staff had been re-deployed to work in the centre during this closure. The person in charge had arrangements in place to ensure appropriate staffing would be maintained in line with the centres Statement of Purpose, as occupancy increased and also taking account of the planned reopening of the day care service and re-deployment of staff from the centre back to this service.

Judgment: Compliant

Regulation 16: Training and staff development

An up-to-date record of all training provided to staff was not available due to the IT systems being offline. Inspectors viewed copies of the training matrix that identified some gaps in mandatory training such as safeguarding. There had been no further staff training in managing behaviours that challenge since the last inspection and a significant portion of staff had yet to complete this training.

The systems in place to oversee the supervision of staff, specific to housekeeping,

required review. For example, the housekeeping staff were not adequately supervised resulting in poor cleaning practices in the centre that did not align with best practice.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A review of the centre's directory of residents found that it contained all the information as required under regulation 19.

Judgment: Compliant

Regulation 23: Governance and management

The systems in place to ensure that the registered provider had oversight of the service required improvement to comply with the regulations and to ensure the service provided was safe, appropriate, consistent and effectively monitored.

A full review of the management and oversight of fire precautions was required to address the non-compliance with regulation 28: fire precautions found during this inspection.

There was inadequate supervision and oversight of housekeeping staff.

Management systems for monitoring and auditing hygiene and infection control had not identified inconsistent cleaning practices among housekeeping staff or adequately assessed the cleanliness of the facilities for residents such as the shower trays.

Judgment: Not compliant

Regulation 34: Complaints procedure

The management of complaints required review to ensure documentation supported the management of complaints in the centre.

For example, some complaints reviewed by inspectors captured the complainants satisfaction with the actions taken to resolve the complaint but this had not been signed or dated by the person closing the complaint. Therefore, it could not be assessed if the complaint was promptly managed in line with the centres policy and

procedure.

Judgment: Substantially compliant

Quality and safety

Inspectors found that residents received good quality health, and social care and support that promoted their wellbeing and independence.

However, improvements were required in:

- Fire precautions
- Premises
- Infection control
- Residents rights

While all staff had received up to date training on the procedures to take in the event of fire alarm activation, further improvements were required to ensure that the systems in place to monitor and respond to fire risk were robust. For example, a review of the the fire drill record found that it did not provide assurance that the largest compartment could be safely evacuated using night time staffing levels in the event of an emergency. Additionally, weekly checks of the fire doors had not identified that some fire doors did not have an intumescent strip or smoke seal while other corridor doors did not fully close. This meant that in the event of a fire, these fire doors would not provide adequate protection to residents.

The Provider had completed a fire safety review of the centre in 2019 that identified significant fire risk and remedial actions that were required to bring the centre into compliance with Regulation 28. However, the fire safety assessment did not identify if works had been commenced, completed or outstanding. Time lines for completion of works were not recorded.

There were ongoing issues regarding the premises, particularly in relation to the design and layout of multi-occupancy bedroom which impacted on the available private space for residents and consequently compromised the resident's right to privacy. Private space referred to in this inspection report is the space available to residents when curtain screens have been drawn around their bed to allow residents adequate space to undertake personal activities in private.

The centre was a single-storey building comprising of four units that accommodated residents in both multi-occupancy and single room accommodation.

There were fourteen multi-occupancy bedrooms across the four units which required review to ensure there was adequate private accommodation of a suitable size and layout for the needs of the residents. Although many multi-occupancy bedrooms were of adequate size and dimensions, they were poorly configured and as a result

individual residents did not have a minimum of 7.4m² floor space to include the space occupied by their bed, a chair and personal storage space.

Residents' lives had been significantly impacted by the COVID-19 restrictions. Eight staff and one resident had tested positive for COVID-19 during the pandemic and sadly one resident had passed away. There were no residents or staff in the centre who were COVID-19 positive on the day of inspection

Inspectors found that residents' medical and health care needs were met to a high standard. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how to report any concerns regarding a resident. There was ongoing monitoring and observation of temperatures, pulse and oxygen levels which were recorded. Residents care plans were up to date and contained all of the information required to guide care. Inspectors observed staff practice on the days of inspection and found staff adhered to guidance in relation to hand hygiene, maintaining social distancing when possible and in wearing personal protective equipment (PPE) in line with the national guidance.

Infection and control practices in the centre were informed by the Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and the centres own policy dated April 2021.

The management team had completed the Infection prevention and control - Quality Improvement plan issued by HIQA. A comprehensive hygiene audit report had also been completed in February 2021. Each unit had dedicated household staff. There were some positive Infection prevention and control measures in place including:

- a temperature and COVID-19 symptom check on arrival to the centre
- alcohol hand sanitizers were available throughout the unit.
- appropriate signage was in place reminding all persons to complete hand hygiene and observe social distancing when appropriate.

Notwithstanding the positive measures, inspectors found that the management and supervision of the standard and procedure of cleaning and disinfection required improvement to ensure that the premises was clean. Inspectors reviewed cleaning practices in multiple units and found inconsistencies. For example, inspectors observed staff were not following their own procedure for the cleaning of bathrooms which posed a risk to the overall standard of cleanliness.

Residents were provided with appropriate facilities for occupation and recreation and were observed to participate in activities in accordance with their interests and capabilities. There was evidence that despite the restrictions posed on the centre as a result of the pandemic, group activities had continued throughout. Inspectors observed multiple one-to-one activities occurring throughout the days of inspection. There was visiting rooms available on each unit, a day room, dining room and these were observed to be bright, spacious and well decorated. Each unit had access to an enclosed garden that was well maintained and enjoyed by residents when weather permitted.

Residents were comprehensively assessed and care plans were developed to reflect the assessed needs. Staff used a variety of accredited assessment tools to complete an assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage and mobility assessments. The interventions needed to meet each resident's needs were described in person-centred terms to reflect their individual care preferences.

Residents were provided with timely access to medical services as necessary. Throughout the pandemic, GP's continued to have one to one on site resident consultations when needed. There was good evidence that advice and recommendations made were acted on in a timely manner which resulted in better outcomes for residents.

Regulation 11: Visits

The current COVID-19 Guidance on visits to Long Term Residential Care Facilities was seen to be implemented.

Judgment: Compliant

Regulation 17: Premises

There were fourteen multi-occupancy bedrooms across the four units that required review to ensure there was adequate private accommodation of a suitable size and layout for the needs of the residents.

St Michael's Unit had three bed spaces, St Josephs had four bed spaces, Our Lady's had four bed spaces and St. Catherine's had six beds spaces that were not of a suitable size and layout for the needs of the residents. This was evidenced by:

- inadequate space for storage of personal possessions within this private space.
- inadequate space for a resident to sit out in a chair in private, behind a privacy screen, if they wished, due in part to the location of a door into shared toilet facilities.
- The space between the privacy screen and the end of the bed did not allow some resident adequate space to move from one side of the bed to the other.

The impact of limited private accommodation space on residents privacy and dignity is described under Regulation 9: Residents Rights.

Inspector's noted that areas of the building required upgrading, repair and

repainting. This was evidenced by:

- wear and tear on the support pillars at reception and evidence of staining on the wall above the entrance to the chapel corridor which may indicate a leak .
- shared shower facilities on St. Catherine's ward had chipped paint and abrasions on the walls from equipment.
- exposed plaster where hand hygiene dispensers had been removed and relocated in some bedrooms.

Judgment: Not compliant

Regulation 27: Infection control

Improvements were required in the following:

The procedure for cleaning and disinfection required review. For example, not all staff were following a consistent procedure for cleaning such as the procedure for changing mop heads when cleaning different areas such as the bedroom and bathroom.

Shower trays had not been cleaned in quite some time as evidenced by the build up of organic matter.

Inspectors brought this to the attention of the management team on day one of inspection. Inspectors followed up on this on day two of the inspection and observed some improvement had been made.

Judgment: Substantially compliant

Regulation 28: Fire precautions

In addition to fire safety concerns identified by the registered provider, inspectors observed further concerns and non-compliance with fire precautions as detailed below.

- Pipes were penetrating ceiling and walls with no fire stopping observed.
- Flammable materials were found on the floor of the switch room i.e. cardboard boxes
- that some fire doors were missing either portions or all of the required heat and smoke seals around the head and sides of the fire door. This meant that smoke would not be contained in the compartment in the event of a fire.
- a fire door wedged open with a bin which compromised the function of the door in the event of a fire.
- A toilet had been re-purposed to a store room but did not contain a smoke

sensor and there was no smoke sensor present in the adjoining chapel. This meant that staff would not be alerted to a fire in these areas as the rooms were not connected to the fire panel.

Inspectors observed that fire equipment, such as a fire blanket and fire extinguisher, were not provided in the designated smoking room. This was brought to the attention of the person in charge on the day of inspection and was corrected.

Inspectors were not assured that the largest compartment that could accommodate 17 residents could be safely evacuated as a fire drill evacuation simulating night time staffing conditions had not been completed.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors found that residents' care plans were reviewed and updated as necessary. Where possible, residents' were consulted with regarding their care plan development and subsequent reviews. The families of residents unable to be involved in this process were consulted with on behalf of individual residents. Records were maintained of this consultation process.

Judgment: Compliant

Regulation 6: Health care

Residents had appropriate access to medical and allied healthcare supports.

Allied healthcare services such as physiotherapy and occupational therapy were in place and inspectors observed sessions in progress on the day of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The layout of a number of bedrooms in the centre did not protect the residents' rights to privacy and dignity. This is evidenced by:

- Portable privacy screens obstructed access to a number of residents' toilet and shower facilities when in place to provide other residents with privacy during personal care. These screens did not offer full protection of the

residents rights to privacy and dignity.

- An observation window in the nurses station provided a view into a male multi-occupancy bedroom. A blind was in place but this was not effective to promote the residents rights to privacy.
- a staff hand hygiene sink located within the residents private accommodation. This impacted on residents privacy and when used by staff at night time, it caused disruption to the residents sleep. Residents spoken with said that they would occasionally have to get up at night time to close the curtain screen after staff had used the sink located within their private accommodation.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

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

Inspection ID: MON-0032958

Date of inspection: 19/05/2021

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
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: All the required documentation including updated floor plans have since been forwarded to HIQA. Timeframe: Completed 25th June 2021</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: The IT system , which was inaccessible due to the Cyber attack on the HSE , has been restored which allowed for the reprinting of the training matrix. We can provide assurance that all staff have completed safeguarding training and training on Positive Behaviour Support which includes modules on understanding and managing behaviours that challenge is arranged with the CNME (Centre for Nurse & Midfery Education) by video conference for September & October 2021. When HSeLand is fully operational, staff will continue to complete the ONMSD Online module on 'Difficult People:Why They Act That Way and How to Deal with Them'. Timeframe: 31st October 2021</p> <p>A Clinical Nurse Manager 2 whom is an Infection Prevention Control Link Practitioner is assigned responsibility for the supervision of the cleaning practices. Weekly walkabouts</p>	

and monthly auditing to monitor housekeeping standards is now in place.

Timeframe: Completed 31st May 2021

Staff training will be an integral part of the cleaning arrangements.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

On the 25th of June 2021, HSE Estates submitted to HIQA a Fire Safety Compliance Survey and revised risk assessment in respect of the Sacred Heart Hospital & Care Home. This report provides the requested clarification and assurances. HSE Estates are continuing to address the remaining fire safety remedial works and fire safety maintenance works programme on a phased basis and have outlined that their aim is to have the works identified in this report substantially complete by the 30th November 2021.

A Clinical Nurse Manager 2 whom is an Infection Prevention Control Link Practitioner is assigned responsibility for the supervision of the cleaning practices. Weekly walkabouts and monthly auditing to monitor housekeeping standards is now in place. The audit tool is use is adapted to ensure all resident facilities are inspected.

Timeframe: Completed 31st May 2021

Regulation 34: Complaints procedure

Substantially Compliant

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

Complaint signed and dated by the person closing the complaint.

Timeframe: Completed 20th May 2021

Complaints are audited monthly by the ward managers and are signed and dated by the person closing the complaint. The PIC audits the centres complaints quarterly.

Timeframe: Completed 20th May 2021

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Management, Estates and Maintenance are reviewing the current ward room layouts and screening options in order to reconfigure bed spaces to meet the regulatory requirements, to provide adequate privacy and storage space for personal possessions for all residents.</p> <p>A schedule of works have commenced which include painting and repair works within the centre.</p> <p>Timeframe: 31st December 2021</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The cleaning staff have all received a copy of the local cleaning policy which clearly outlines the procedure for cleaning and disinfection. The IPC Link Practitioner will meet the cleaning team weekly to provide feedback from walkabouts and audit findings and to ensure required actions are followed up on.</p> <p>Timeframe: Completed 2nd July 2021</p> <p>The cleaning of shower trays is currently part of the ward weekly deep cleaning programme with plans to replace the gridded shower base with wet room shower cubicles.</p> <p>Timeframe: 31st December 2021</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: On the 25th of June 2021, HSE Estates submitted to HIQA a Fire Safety Compliance Survey and revised risk assessment of the Sacred Heart Hospital & Care Home. This</p>	

report provides the requested clarification and assurances. HSE Estates are continuing to address the remaining fire safety remedial works and fire safety maintenance works programme on a phased basis. The aim is to have the works identified in this report substantially completed.

Timeframe: 30th November 2021

Management can give assurance that each ward has completed both day and night simulated evacuation drills of the largest compartment in each ward and will continue to complete drills regularly.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Management, Estates and Maintenance are reviewing the current ward room layouts and screening options in order to reconfigure bed spaces to ensure adequate privacy and storage space for personal possessions for all residents and to meet regulatory compliance.</p> <p>Timeframe: 31st December 2021</p> <p>The observation window in the nurses station into the male multi occupancy bedroom has been screened off.</p> <p>Timeframe: Completed 2nd July 2021</p> <p>The area that were located in close proximity to the staff hand hygiene sink is longer utilized as a residents bedspace. The occupancy of this bedroom has been reduced from 4 beds to 3 and will not increase to 4 unless the regulatory requirements can be met .</p> <p>Timeframe: Completed 28th June 2021</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
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered	Substantially Compliant	Yellow	25/06/2021

	provider.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/05/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2021
Regulation 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	Not Compliant	Orange	31/05/2021

	monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	02/07/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/11/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/11/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/11/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and	Not Compliant	Orange	30/06/2021

	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.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	29/06/2021
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	30/11/2021
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	30/11/2021
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains	Substantially Compliant	Yellow	20/05/2021

	the records specified under in paragraph (1)(f).			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/12/2021