



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

Issued by the Chief Inspector

Name of designated centre:	Sacré Coeur Nursing Home
Name of provider:	Sacré Coeur Nursing Home Limited
Address of centre:	Station Road, Tipperary Town, Tipperary
Type of inspection:	Unannounced
Date of inspection:	09 February 2021
Centre ID:	OSV-0000278
Fieldwork ID:	MON-0031615

About the designated centre

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

Sacre Coeur Nursing Home is a facility which can accommodate a maximum of 26 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre provides nursing care for a variety of residents, including those suffering from multifunctional illness, and conditions that affect memory and differing levels of dependency. Given the design and layout of the building and the fact that our second floor is currently accessed by a stair-lift, we may not always be able to accommodate every level of dependency or a particular request for care. Equally, if a resident's dependency level increases, it may become necessary with prior consultation and permission to move the resident within the building. The service employs a professional staff consisting of registered nurses, care assistants, maintenance, and laundry, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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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 9 February 2021	10:30hrs to 16:30hrs	Liz Foley	Lead
Tuesday 9 February 2021	10:30hrs to 16:30hrs	Catherine Furey	Support

What residents told us and what inspectors observed

At the time of the inspection, the country was in Level 5 restrictions, which impacted on the lived experience of the residents in the centre. Nonetheless, from the observations of the inspectors and what residents told us, it was clear that the residents received a high standard of quality care with an emphasis on a person-centred approach. The overall feedback from residents was that the staff were very kind and caring and that despite the ongoing restrictions, they were happy living in the centre.

This was an unannounced inspection. On arrival to the centre, inspectors were met by the Person in Charge (PIC) who ensured that all necessary infection prevention and control measures including hand hygiene and temperature checking were implemented prior to accessing the centre. A short opening meeting was held and following this, the inspectors were guided on a tour of the centre by the person in charge. Inspectors met the majority of residents during the inspection and spoke to seven residents in more detail.

The centre is laid out over two floors and the ground floor included a dining room, a day room and a visiting room. However, in line with Public Health guidance to ensure the safety of the residents, only residents with bedrooms on the ground floor were using the day room. The dining room had been converted to a second day room to accommodate the residents from the first floor only. This measure was in place to ensure the safe zoning and social distancing of residents, in the event of an outbreak of COVID-19. In addition to being used for activities and watching TV, residents also took their meals in these rooms. The visiting room had been converted to an isolation room for residents who were suspected of COVID-19 or who required mandatory isolation following admission or return from hospital. This further limited the availability of communal space for residents. The ground floor bedroom accommodation for eleven residents consisted of two three-bedded rooms, two single ensuite rooms and three single rooms. The first floor is split-level and accommodates a further 15 residents in seven double rooms and one single room. The single room on this level had also been kept vacant for isolation purposes. The first floor was accessible to residents via the stairs and a stair lift. There is no communal room on the first floor. Inspectors observed that the mobility of two residents accommodated on the first floor had deteriorated and they were unable to use the stair lift to go to the ground floor. One resident told inspectors that she could not walk anymore and so she spent the day in her room listening to the radio and watching TV.

The centre was decorated in a homely and appropriate fashion. Bedrooms were personalised with resident's belongings and photographs. Residents were seen to be seated comfortably and dressed appropriately. There was good camaraderie between residents and staff. Residents said that the staff were great, that they couldn't do enough for them. Staff were seen to communicate with residents in a respectful and kind manner. It was evident that the staff knew the residents well

and were familiar with their needs and preferences for care and support. Residents were observed watching TV, listening to music and reading newspapers and magazines. One resident said that the owner would go to the shop for him at any time to buy his favourite magazine and sweets.

Residents were knowledgeable about COVID-19 including the ongoing restrictions and were thankful that the staff had been keeping them safe. Many residents spoke about missing having visitors and trips out and they longed for visiting to resume. Residents said that staff helped them to cope by keeping their spirits up. Technological supports such as video calling were available to residents to keep in contact with their loved ones. Staff were observed assisting residents with hand hygiene and staff wore PPE appropriately. Residents were offered choice at all mealtimes and were complimentary of the food. Inspectors observed that residents were offered hot and cold drinks and snacks during the day. Staff were seen to discreetly assist residents who required assistance with eating and drinking.

The activities coordinator was new to the role and was establishing a plan of activities for residents which could be achieved within the two zones. She was assisted by staff on duty in the provision of activities for the two groups of residents. During the inspection, residents were seen to be enjoying listening to music together and had a lively game of Bingo. However, the activities schedule required further development to ensure that those residents who could not attend the communal areas on the ground floor had opportunities to participate in activities in accordance with their interests and capacities.

The centre was seen to be clean throughout and cleaning staff were on duty every day. Some items of furniture required upgrading as the surfaces were scuffed and could not be cleaned to an acceptable standard. This had been identified in a recent maintenance audit conducted by the provider. All linen and residents personal clothing were laundered on-site. This was done by care staff on duty during the day. On the day of inspection, a new storage shed was being delivered and plans were being made to increase the size of the laundry by converting an existing storage shed to ensure adequate space to separate dirty and clean items.

Overall, the residents appeared to be happy and content. Staff spoken with stated that they enjoyed working in the centre. The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

The registered provider is Sacre Coeur Nursing Home Limited. The two company directors and one director who is a registered nurse is also the registered provider representative (RPR). The company also own a second nursing home in the local area. The RPR splits her time between the two centres and had clear oversight of

the governance and management arrangements. There was a defined management structure within this designated centre. The person in charge had been in her position since December 2014 and had an in-depth knowledge of the requirements of her role. The person in charge was on duty five days a week and on call at weekends. She was supported in her role by an Assistant Director of Nursing and a team of staff nurses. The Assistant Director of Nursing deputised for the person in charge during any planned or unplanned absences.

Inspectors observed that the provider had complied with *Health Protection and Surveillance Centre (HPSC) Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Residential Care Facilities guidance*. For example zoning of staff and residents, provision of sufficient PPE and restricted visiting. The provider had a good level of oversight to ensure the safe and effective delivery of care and support to residents. The staffing resource at the time of inspection did not facilitate two nurse led teams over 24hours. The provider was in continued consultation with the HSE and Public Health officials and had identified the current staffing arrangements to them. Staffing resources should be risk assessed as they may hinder the containment and response measures in the event of an outbreak of COVID-19.

It was evident to inspectors that the provider had made efforts to put safe systems in place to care for and protect residents and staff in the centre. Records showed that there were contingency arrangements in place to manage a potential COVID-19 outbreak in the centre. As there was limited space available within the centre, the provider had installed a staff changing unit just outside the entrance to ensure staff could adhere to correct infection control procedures prior to entering. Inspectors observed staff adhering to hand hygiene and temperature checking before leaving and entering the centre. The registered provider had a clear pathway in place for testing so that any suspected cases of COVID-19 could be identified promptly and managed effectively. Rooms had been kept vacant to allow for isolation purposes. There was evidence of regular, ongoing engagement with the Health Service Executive (HSE) regarding preparation and planning for a potential outbreak.

The person in charge was observed to be well known by the residents, and residents who spoke with inspectors complimented her approach to their care and stated that they saw her daily. The centre's management structure had clearly defined lines of responsibility and accountability for all aspects of care provided. The person in charge and Assistant Director of Nursing completed regular audits and audit reports included action plans for any improvements required. Residents were facilitated to provide feedback on the running of the centre. For example, based on feedback from residents meetings, the activities schedule was greatly enhanced by the appointment of a designated activities coordinator. The annual review of the quality and safety of the service delivered to residents in 2020 was in the process of being completed by the person in charge. The views and opinions of the residents and their families had been captured in surveys completed in October 2020 and were to be included in this review.

The provider engaged in regular meetings with the person in charge. The minutes of these meetings were viewed by inspectors and evidenced a commitment to

enhancing and improving systems in place to provide a high level of care for residents. Subsequent to these meetings, the person in charge held meetings with the wider staff pool. There was evidence that staff were kept up to date with relevant changes throughout the pandemic. In response to the government's current social gathering restrictions, large staff meetings were held via Zoom and important updates were issued to staff via email from the person in charge. A review of a four staff files showed that the provider ensured Garda Vetting was in place for staff prior to commencing work in the centre. The inspectors observed that staff cooperated with social distancing measures and undertook the relevant infection control checks prior to entering and leaving the centre. Staff who spoke with inspectors confirmed that they did not mix with the opposite staffing teams and breaks were taken in separate areas of the centre. Staff said that they felt well supported by the management team. Staff were familiar with the complaints procedure and identified the process in place for reporting any concerns or complaints to senior management.

The overall communal space in the centre and the space within the two triple bedrooms was insufficient to meet the needs of the residents. Plans had been submitted to the office of the Chief Inspector in 2015 for the reconfiguration of the centre. A condition was placed on the centre's registration with a required time line of completion of 31st January 2021. To date these plans had not been progressed.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted a timely application to renew the registration of the centre. The application was submitted to the Office of the Chief Inspector and included the information set out in Schedule 1 of the Registration Regulations

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to the size and layout of the centre and the assessed needs of residents as assessed in accordance with Regulation 5.

Judgment: Compliant

Regulation 16: Training and staff development

There was a well-maintained training matrix with corresponding signature sheets

which evidenced staff attendance. All staff had completed training in infection prevention and control, including donning and doffing of PPE and hand hygiene. Additional training had been completed by staff nurses, including pronouncement of death during COVID-19 pandemic. Staff had completed mandatory training in fire safety, safeguarding and moving and handling techniques

Judgment: Compliant

Regulation 23: Governance and management

At the time of inspection, inspectors were not assured that the systems in place to ensure oversight of fire safety procedures within the centre were safe, appropriate, consistent and effectively managed. Contingency staffing resources were not sufficient to ensure the effective delivery of care to residents across two nurse-led teams which could impede the containment of a potential outbreak of COVID-19.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was clear on the procedures for the submission of notifications to the office of the Chief Inspector. All mandatory notifications were submitted within the required time frames including notifications of any suspected and positive cases of COVID-19.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed near the day rooms. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. Inspectors viewed a sample of complaints, all of which had been managed in accordance with the centres policy and to the satisfaction of the complainant. Residents spoken with were confident that any complaints or concerns they may have would be effectively dealt with by the staff and management.

Judgment: Compliant

Quality and safety

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. There was a person centred ethos of care and residents' rights and choice were respected. The premises required improvements to ensure there was sufficient bedroom and communal space. Improvements were also required in activities, safe evacuation procedures and infection control.

There was good oversight of risk management and the provider had identified many of the risks found on inspection. The centre had procedures in place for the prevention and control of health care associated infections. Additional procedures and equipment were in place to help prevent and manage an outbreak of COVID-19. Space was limited in the building and would be a factor in the spread of infection as there were challenges in storage of equipment and more opportunities for cross contamination. The provider had put procedures in place to mitigate this risk which included operating within two separate zones to reduce the risks of cross contamination between residents and staff. Zones were divided by location and consisted of residents and staff on the ground floor and the first floor residents and staff. Staff were allocated to work in one specific zone and not to crossover into the other zone. Nursing staffing levels did not allow for one nurse in each zone and therefore the nurse on duty had responsibility for residents in both areas. The nurse would have to provide care to residents suspected to have COVID-19 and all other residents as well, which would increase the risk of spreading the infection.

Annual fire training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective. Bedroom doors had suitable free swing closing devices so that residents who liked their door open could do so safely. Evacuation drills were normally practiced every six months. However there had not been a simulated drill practiced to ensure safe evacuation of immobile residents on the first floor, therefore the provider was not assured that this could be done in a safe and timely manner.

The building was originally a military barracks and had been adapted and extended over time to accommodate residents. Some areas of the centre required repair and some items of furniture also required upgrading and repair to ensure they could be effectively cleaned, for example, torn chairs and chipped bedroom furniture and beds. Inspectors viewed an environmental audit which had identified most of these issues and the provider was undertaking a series of actions to ensure a safe and comfortable environment for the residents.

The centre had been registered in 2018 on the basis that building works would be completed by January 2021 to bring the premises in to compliance. However this work had not been completed and the centre will not be compliant with minimal space and facilities requirements. Communal space and bedroom space in three bedrooms will not meet the requirements and there were insufficient bathrooms available to residents on the ground floor.

Activity provision had changed in the centre following the restrictions for COVID-19. An activities coordinator post was put in place in August 2020 and was currently being developed. Group activities continued in a safe manner and residents who participated enjoyed the fun and the company. Residents who had advanced needs and who could not access the day rooms did not have the same opportunity to participate in activities and inspectors observed that these residents had long periods of inactivity. Mobile phones were available to residents to make video calls to their families and staff were available to facilitate this. Some residents chose to remain in their rooms as they were anxious about contracting COVID-19. Residents told the inspector that they were respected and supported to do this and that staff regularly checked in with them.

Regulation 11: Visits

Visiting was temporarily suspended in the centre in line with level five restrictions due to COVID-19. Some indoor visits were facilitated on compassionate grounds, for example if a resident was at their end of life. Window visits could also be facilitated if residents and families wanted them. There were protective screens available and staff were familiar with the guidelines on safe visiting.

Based on a sample of visiting logs viewed, visits had been facilitate through all levels of restriction in line with the guidance at that time.

Judgment: Compliant

Regulation 17: Premises

Communal space for residents included a day room, sitting room and visitor's room all on the ground floor. There was an average of 2.42 square metres per resident which is below the recommended 4 square metres per person as per the National Standards for Residential Care Settings for Older People in Ireland (2016). There was limited access to bathrooms shower/bathing facilities with only one bathroom for nine residents on the ground floor. Two triple bedrooms did not comply with minimum floor space requirements of 7.4 m² per person, as set out in the amended regulations SI 293 (2016).

The condition of furniture required review to ensure a safe and comfortable environment for the residents. This is discussed under Regulation 27.

Judgment: Not compliant

Regulation 27: Infection control

Some items of furniture and equipment required repair or replacement as they were worn, chipped and could not be adequately cleaned, for example, high support chairs, armchairs, lockers, bed frames and wardrobes.

The staffing resource at the time of inspection did not facilitate two nurse led teams over 24hours. This could pose a risk of cross infection should a resident or staff member become infected with COVID-19.

Judgment: Not compliant

Regulation 28: Fire precautions

A review of fire safety documentation did not provide assurances to inspectors that there was adequate oversight of fire safety procedures in the centre. Arrangements for the evacuation of the centre's first floor required review. The dependency levels of some residents living in this part of the centre had increased over time and evacuation drills had not been practiced to ensure their safe evacuation in the event of a fire. A fire evacuation drill of the first floor was carried out following the inspection. The submitted drill report showed that the compartmental evacuation of 9 residents by 2 staff took twelve minutes. This was excessive and required urgent action. The centre will require a follow up review by the Fire & Estates Inspector.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Care plans had been updated to reflect specific needs should the resident contract COVID-19 and included the residents' preferences at their end of life. Based on a sample of care plans viewed, appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's and consultant psychiatry of older age attended residents in the centre. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

No safeguarding concerns were raised during this inspection. Staff spoken with had good knowledge of the process in place with regard to the prevention and detection of abuse. Robust recruitment processes were described by the provider, who ensured that all employees had the required Garda Vetting screening in place. Safeguarding vulnerable adults training was part of the routine training for all staff across all departments.

The centre had greatly reduced the use of bedrails for residents following the last inspection and their use was now minimal. Alternatives to bed rails were in place and decisions were reviewed regularly to ensure that the least restrictive option was used.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were required in relation to the provision of activities for residents with advanced needs. A small cohort of residents did not have opportunities to participate in activities based on their assessed needs. These residents spent most of the day in their bedrooms and did not have a choice of activities. Improvements were also required in the ongoing assessment of activity needs for all residents to ensure that the activities provided and planned would meet their needs.

Communal space was limited which impacted on the residents choice of areas for dining, activation and visiting. For example, not all residents could be accommodated in the communal areas at the same time, and consequently some residents had to stay in their bedrooms.

Residents on the first floor who were unable to use the stair lift had their rights to

freedom of movement restricted.

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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sacré Coeur Nursing Home OSV-0000278

Inspection ID: MON-0031615

Date of inspection: 09/02/2021

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
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 comprehensive Fire Risk Assessment has been carried out by Management in conjunction with a Health and Safety Consultant to ensure that our Fire Safety Management Procedures come in compliance with Regulation 23.</p> <p>Staffing Arrangements have been risk Assessed in Consultation with Public Health. All staff have been trained in Infection Control procedures and Appropriate usage of PPE to minimise risk of cross contamination. As part of our Covid Preparedness Plan staffing levels will be increased in the event of an outbreak of Covid-19 to ensure that the two co-horting zones will be covered by two separate nurse led team</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Plans are in progress to ensure that all bedrooms within the Nursing Home will be in compliance with the minimum floor space requirement under SI 293/2016 by the 31st December 2021.</p> <p>We are preparing a planning application to add additional communal space identified by our architect to meet the requirements of the National Standards (2016).</p> <p>Residents on the Ground Floor have full access to Bathrooms on the upper floor. Plans are in progress to install additional shower in downstairs bathroom.</p>	

Furniture that required repair has been repaired or removed from service .New furniture has been ordered. The full interior of the Nursing Home has also been repainted over the last few weeks.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 As discussed in report a Maintenance/Environmental Audit had been carried out previous to the inspection and Action Plan was in the process of being implemented. Furniture that required repair has been repaired or removed from service .New furniture has been ordered. The full interior of the Nursing Home has also been repainted over the last few weeks

Staffing Arrangements have been risk Assessed in Consultation with Public Health. All staff have been trained in Infection Control procedures and Appropriate usage of PPE to minimise risk of cross contamination As part of our Covid Preparedness Plan staffing levels will be increased in the event of an outbreak of Covid-19 to ensure that the two co-horting zones will be covered by two separate nurse led teams

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 A full review of Sacre Coeur’s Fire Safety Programme has been undertaken by management and a comprehensive Fire Risk Assessment has been carried out in conjunction with a Health and Safety Consultant. It included a review of all areas, people and equipment within our Home.

This Risk Assessment included a full review of Evacuation procedures within the centre, all changes to Fire Procedures were communicated to staff and all staff in the centre have been trained in relation to the updated Evacuation Procedures.
 As part of the training day carried out by the Health and Safety Consultant a Fire Evacuation Drill of the First Floor was completed in 4.54 minutes.

A Fire Risk Assessment Action Plan has been put in place and submitted to HIQA. This has been communicated to and actioned by all staff

A follow up review was carried out by the Fire & Estates Officer and additional information requested was submitted to HIQA.

An Additional Staff Member has been rostered on Night Duty until all controls planned as part of Action Plan have been implemented.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The delivery of Activities to all residents within the Nursing Home has been reviewed updated and communicated to all staff.
The delivery of Activities within the Nursing Home is a Team Based Approach led by our Activities Co-ordinator.
Residents who do not participate in group activities or prefer to remain in their rooms now have individual staff members allocated daily to deliver activities based on their assessed needs.

The activity co-ordinator has recently completed a sensory training programme for residents who require one-to-one interaction. A new range of Sensory Activities Products has also been purchased for residents who benefit from the usage of same.

Assessments and Care Plans have been reviewed and updated. Individualised Activity Plans have been created based on resident's capacities and interests and assessed needs.

Covid co-horting arrangements have limited resident's ability to access all communal living space. However our PIC is monitoring resident's needs and rights within the Centre and is satisfied that residents who wish to access communal spaces can do so when they wish and do not feel confined to their rooms.

A Full Risk Assessment has been carried out in relation to the changing needs of residents who reside on the first floor in particular their ability to access the ground floor facilities independently. Consultation with the residents and their relatives is ongoing with a view to ensuring plans are in place to accommodate their rights to freedom of movement within the Home.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(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.	Substantially Compliant	Yellow	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(a)	The registered provider shall ensure that the designated centre has sufficient	Substantially Compliant	Yellow	19/03/2021

	resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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	19/03/2021
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.	Not Compliant	Yellow	15/05/2021
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	Not Compliant	Orange	19/03/2021

	procedure to be followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	19/03/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	15/03/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Yellow	31/05/2021