



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:	Short Notice Announced
Date of inspection:	19 April 2023
Centre ID:	OSV-0000654
Fieldwork ID:	MON-0039149

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 one 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:	49
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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
Wednesday 19 April 2023	09:10hrs to 18:00hrs	Michael Dunne	Lead
Wednesday 19 April 2023	09:10hrs to 18:00hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

All residents who expressed a view said that they were content living in the designated centre. Residents said "that staff were second to none and that they were caring and kind". Residents told inspectors that staff assist them in keeping their rooms neat and tidy and also provide assistance with their personal care, while other residents said that there were no restrictions on when they wanted to go to bed and when they wanted to get up.

At the time of this inspection there were 49 residents living in the centre in three units, St Catherine's, Our Lady's and St Joseph's. St Michael's unit was vacant at the time of the inspection and the inspectors were told on the day that the refurbishment works were not completed. This was verified by inspectors who found that there were a number of works that required completion before residents could be relocated to this unit. These are discussed under Regulation 17.

Resident's currently living on St Joseph's unit had been offered the opportunity to move to the reconfigured St Michael's unit when it was ready for occupation. One resident told the inspector that they were looking forward to a change in scenery by moving into the redeveloped unit.

The inspectors observed that the programme of refurbishment and redecoration had been completed in other areas of the centre. These works had included the redecoration of existing communal and residential units. The centre looked bright, clean and welcoming. Long corridors were adorned with pictures, murals to provide points of interest and to help residents to orientate themselves when mobilising around the designated centre. There were fresh flowers located in many areas of the home. All of these additions contributed to a relaxed atmosphere in the centre and an improvement to the lived environment for residents.

Residents who required support to attend to their personal care needs were seen to receive care in a discreet and supportive manner. Staff gave residents sufficient time in order to gain their consent and understand what was needed of them during the caring process. All residents observed on the day were well-dressed in suitable clothing and footwear.

Residents had access to a range of assistive equipment to support their comfort and independence. Mobility equipment was observed to be clean and well-maintained. The provider had a system in place to ensure that residents equipment was regularly cleaned and maintained.

During the centre walk around it was noted that the many residents were up and about and pursuing their own individual interests or engaging in group activities. The inspectors observed interactions between staff and residents and found them to be based on respect for the individual. Residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or

express their physical discomfort or discomfort with their social or physical environment) were provided with time and space to communicate their views. Staff were aware of resident behaviours and were able to use this knowledge to de-escalate potential anxieties and distract and support the resident.

The inspectors observed a meal service on St Catherine's unit which was well-managed by the staff team present. Residents who required assistance with their eating and drinking were assisted by staff in a supportive manner. There were sufficient members of staff available to ensure that residents had a pleasant dining experience. There were three meal options available for residents on the day of inspection and included a fish, chicken and bacon dish.

On the day of the inspection three activity staff were working in the centre and were co-ordinating the provision of activities on each of the units. Discussions with activity staff confirmed that activities provided on each day were mostly resident led, while there were specific days set aside for the provision of regular activities such as bingo, music and art and crafts. The designated centre is located close to Roscommon town and residents were supported to maintain contact with the local community to access local cafe's and shops.

Residents' views on the service were captured in monthly resident meetings which was co-ordinated by a clinical nurse manager. The provider had completed the annual review of quality and safety for 2022. This document was based on the views of residents living in the centre and on the views of their relatives.

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

Capacity and capability

The management team were proactive in responding to issues as they arose in order to ensure that residents received a good quality service. The provider ensured that the service was adequately resourced and were found to have carried out a number of actions to address poor regulatory compliance identified during previous inspections. However inspector's found that further actions were required to ensure full compliance with the regulations.

This was a short-notice announced inspection carried out by inspectors of social services on a date agreed with the registered provider.

- To follow up on actions taken by the provider to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended.
- To review St Michael's unit which had undergone significant refurbishment to bring

the unit into compliance with the regulations. The provider had previously communicated that St Michael's unit would be ready for occupation by 31 March 2023.

- To review the actions taken by the provider in respect of two restrictive conditions that had been added to the centre's certificate of registration requiring the provider to cease admissions to the designated centre until they had completed all of the necessary works to bring the centre into compliance with Regulations 17; Premises and 28; Fire Precautions to ensure the safety and well-being of current and any future residents.

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.

The inspector's found that significant actions had been completed by the provider in line with their compliance plans submitted following inspections held in April 2022 and to comply with a restrictive condition which had been placed on the provider to bring the centre into compliance with Regulation 17. Inspectors reviewed multi-occupancy rooms in both St Joseph's and Our Lady's unit and found that the provider had taken measures to reduce the numbers of residents accommodated in these bedrooms. The quality of life for residents residing in these rooms had greatly improved and meant that they could easily access facilities within their own private space. The provider was also found to have invested resources to ensure that residents living on St Catherine's unit also had access to storage facilities within their own private space.

The provider carried out extensive works to upgrade fire safety systems in the centre and to comply with a restrictive condition that has been placed on the provider to bring the centre into compliance with Regulation 28. However, there were still a number of areas where improvements were needed to ensure residents were adequately protected. These findings are described in more detail under Regulation 28 and incorporate a number of recurring non-compliance's.

There were systems in place to monitor the quality and safety of the service provided. Information gathered through audits and through the monitoring of key performance indicators was used to identify service improvement. However inspectors found that some of the monitoring and oversight systems were not robust and did not identify where improvements were needed. These findings are described in more detail under Regulation 23.

There was good oversight of staffing resources to ensure staff were available to provide care and support to residents in accordance with their assessed needs. There was effective management of the roster to ensure that staff vacancies were

filled without delay. The was access to regular agency support if needed which provided continuity of care to the residents.

Regulation 15: Staffing

The registered provider ensured that there were sufficient numbers of staff available across all units in the designated centre to meet the assessed needs of the residents. A review of the centres rosters confirmed that staffing numbers were consistent with staff numbers identified in the centre's Statement of Purpose.

The provider maintained a staffing plan for the re-opening of St Michael's unit which had been closed for re-development. A review of the proposed roster for this unit confirmed that there would be sufficient staff resources available to provide care and support for 13 residents, which was the maximum number of residents that could be accommodated on this unit.

The centre benefited from the use of regular agency support to cover short notice absences on the roster. This also ensured that there was continuity of resident care as regular staff were familiar with residents assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management in this centre was well organised with systems in place to monitor the service. However, existing systems required review to ensure that they were safe and appropriate, for example:

A review of risk assessment processes to ensure that all risks relevant in the centre are identified and mitigated against,

For example fire safety risks as identified under Regulation 28.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The designated centre had prepare a Statement of Purpose which contained all the required information as required under Schedule 1 of the Regulations. A revised

Statement of Purpose dated 17 April 2023 was made available for the inspectors to review.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule 5 policies were available for inspection and were found to have been updated in February 2023 in accordance with the providers scheduled review date. The provider's policy on infection control and contingency plans were reviewed and updated by the registered provider more frequently as and when the need arose.

Judgment: Compliant

Quality and safety

Overall inspectors were assured that residents living in this centre received a high standard of care and support which ensured that they were able to have a good quality of life. Residents health and social care needs were found to be met in a timely manner by a dedicated staff team. There were however a number of areas which required actions by the provider to ensure full compliance with the regulations. These areas are discussed in greater detail under the relevant regulations.

The findings on this inspection confirmed that the provider had made significant improvements in relation to reducing the number of residents living in multi-occupancy rooms to ensure regulatory compliance with Regulation 17. This meant that residents living in these reconfigured rooms were provided with sufficient personal space to access their bed, chair and had adequate personal storage space to access their personal belongings. The provider also made improvements to the environment overall through the provision of new furniture and seating. The redecoration programme had been completed and the centre looked clean, bright and welcoming. There was some minor improvements required to a stained ceiling tile and to two areas of flooring which had been damaged.

Inspector's also inspected St Michael's unit which had undergone significant redevelopment work however these had not been completed at the time of the inspection and as such the unit was not fully compliant with Regulations 17 and 28. A review of this unit confirmed that there were sufficient communal and private facilities available for residents.

The inspectors found that the registered provider had made significant progress to comply with the requirements of Regulation 28. While the majority of fire risks

previously identified had been addressed, the improvement works were on-going and some fire risks still existed, which are detailed under Regulation 28.

The inspectors noted, fire doors were fitted and maintained to a good standard in most parts of the existing centre, however inspectors observed some deficiencies in containment to fire doors located in bedrooms one, two and three, which had visible gaps over the maximum allowable tolerance. This was a repeated non compliance from the previous inspection in April 2022.

The existing centre was provided with emergency lighting, fire fighting equipment, fire detection and alarm systems that provided the appropriate fire alarm coverage. The service records for these systems were up to date. The fire register for the centre included in-house maintenance checks, and these were completed and up-to-date.

The centre had a very good fire safety culture. Staff spoken with during the inspection were knowledgeable on the centre's fire evacuation policies and procedures, and had been involved in simulated fire drill evacuations. Residents personal emergency evacuation procedures were detailed and up-to-date, and the fire policy was a comprehensive document.

The recently refurbished areas of St Michael's Unit and a laundry room had a sufficient number of escape routes and exits. External fire exits were enabled to be easily opened in the event of an emergency. A fully addressable fire alarm detection system was in place and was integrated with the rest of the building. Staff had carried out simulated fire drills to become familiar with the new layout and fire procedures, in preparation for the re-opening of St Michael's Unit.

There is a system in place to identify and control risks. All known risks were recorded and reviewed on a quarterly basis or as and when the need arose. There was regular oversight of risks in governance meetings and in quality and safety committee meetings, however there were some recurring risks found in relation to fire safety.

There were systems in place to promote an infection free environment. There were two infection control link practitioners on the staff team who monitored compliance through regular audits. Staff confirmed they had attended infection prevention and control training and were able to describe measures that were required to promote an infection free environment. There was good oversight of cleaning processes to ensure that the environment was clean and well maintained.

Overall, findings on inspection confirmed that there was a good standard of care planning in this centre. Care plans were based on residents assessed needs and were found to have been completed with 48 hrs of the resident's arrival. Care plans were written and developed with the resident central to this process. In circumstances where residents were unable to participate in the development of care plans, evidence confirmed that their relatives were engaged to participate and support the resident in this process. Records confirmed that resident care plans were reviewed on a four monthly basis.

Resident who spoke with the inspector stated that they felt safe in the home and that their autonomy was respected. They stated that they could exercise choice in all aspects of their daily life and felt that this was promoted by the staff team. There was evidence available to confirm that there was regular consultation between the provider and residents and their families. The inspector observed that there was no restriction on residents entering or leaving their respective units and residents were observed mobilising around the centre either independently or with staff.

There were a range of activities available for residents to pursue either in group or on an individual basis. The inspectors observed staff providing one to one support to residents by means of hand massage while a number of residents were observed attending a music session. There were no restriction on visiting to the centre with visitors observed attending the centre throughout the day.

There were arrangements in place to ensure that residents had timely access to medical and health support. There was good internal oversight of residents healthcare needs which were reviewed at regular multi-disciplinary meetings and through the monitoring of Key performance indicators such as falls, nutrition, wound care and catheter care.

There were comprehensive policies and processes in place in relation to medication procedures. However a recent medication incident had occurred which had identified that improvements were required in the checking in of new medications on receipt from the pharmacist to ensure that residents received the medications they were prescribed.

Regulation 11: Visits

There were arrangements in place for residents to receive visitors in the designated centre. On the day of the inspection visitors were observed attending the centre to visit their relatives. There were facilities available for families and friends to visit residents in private or in communal areas. There were no restrictions on visits at the time of this inspection.

Judgment: Compliant

Regulation 17: Premises

While there were many physical and cosmetic improvements carried out to all units including communal areas, there were some maintenance works that required attention in two units. For example,

Repair to damaged flooring in St Catherine's and Our Lady's Units

Replacement of a stained ceiling tile in St Catherine's unit.

St Michael's unit did not meet all of the requirements of Schedule 6. For example,

There was racking needed in the sluice room to ensure items were stored appropriately.

Privacy curtains were not in place around each bed in one multi-occupancy room.

The clinical room did not have sufficient appropriate storage for medical equipment such as dressings and medications.

There was no lockable storage facility in the multi-occupancy rooms for residents to store their personal belongings.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place which met the requirements of the regulations. The designated centre's risk register was found to have been reviewed and updated on 1st February 2023. Risk assessments were in place to monitor and control known risks and included measures to reduce the impact on the service.

Judgment: Compliant

Regulation 27: Infection control

The inspectors found that there were sufficient resources available in this centre to maintain the physical environment to effectively reduce the risk of infection. The environment was clean and odour free, there were cleaning schedules in place to monitor the cleanliness of high risk areas such as toilets, bathrooms, sluice and laundry facilities.

There was a comprehensive infection prevention and control policy which included detailed procedures to guide staff in their daily practice which had been updated in April 2023.

Staff had access to regular infection prevention and control training and there was effective oversight of infection prevention and control issues at meetings held at local and management level.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had made significant progress since the previous inspection to comply with the requirements of the regulation. Notwithstanding this, some improvements were still required.

The provider needed to ensure adequate precautions are being taken against the risk of fire. For example, the inspectors identified two kerosene cans were being stored in a boiler room. The boiler room is a high risk area, combined with a highly flammable liquid created a potential risk for fire to develop. The cans were removed on the day of the inspection. In addition, two extinguisher suppression cylinders were overdue a service.

The inspectors noted items needed addressing by the provider in relation to fire safety in St Michael's Unit . For example, a dust cover had been left fitted over a smoke detector, this could prevent the smoke detector from detecting the presence of smoke in the event of a fire. Labelling was missing from a number of doors to indicate the function of each room, which could cause a delay for staff to find the source of a fire. Furthermore, a fire blanket was not fitted in a staff canteen and oxygen warning signage was missing from a door into a store room that contained oxygen.

The provider needed to improve the means of escape and emergency lighting in the event of a fire emergency in the centre. For example, externally, emergency lighting and directional signage were missing along some fire exit routes to illuminate the route of escape in the event of a fire evacuation at night-time. Some external routes that were provided were not suitable to evacuate residents in the event of a fire. This was evidenced at the main entrance, as residents would have to cross a section of lawn outside Our Lady`s unit in order to reach the fire assembly point. This required a review by the provider. Furthermore, from some areas of the centre, the distance for residents of various levels of dependencies and staff to travel in order to reach the only external assembly point during an external evacuation was not suitable. The provision and the location of fire assembly points required a review.

This was further evidenced in St Michael's Unit. Inspectors found that additional escape lighting and directional signage was required on the external routes from St Michael's Unit to ensure a safe passage of escape away from the building, particularly during a night time evacuation event. The distance and condition of some external surfaces for residents of various levels of dependencies to travel from St Michael's Unit in order to reach the fire assembly point, during an external evacuation was not suitable. In regard to this, the provision and the location of fire assembly points required a review

The provider needed to improve the reviewing of fire precautions. For example, while the majority of fire risks previously identified were completed, some fire risks still existed, particularly in the church building. The provider did reduce the risk to residents in this area by implementing mitigating measures, however

notwithstanding this, fire safety works had still not progressed in this area.

Arrangements for containment of fire in the event of a fire emergency in the centre required some improvement by the provider. For example: The inspectors noted in St Michael`s Unit, the closing action of a kitchen and office door required attention to ensure containment of fire and smoke. A fire door into a treatment room and a kitchen didn't close fully when released by the inspectors. In Our Lady`s Ward, fire doors located in bedrooms one, two and three had visible gaps over the maximum allowable tolerance, this was a repeated non compliance from the previous inspection. Furthermore, a compartment fire door in Our Lady`s Ward was missing a fire seal at the top of the door and a door into a dining room had non-fire rated ironmongery. These deficiencies could potentially result in the easy passage of smoke and fire in the event of a fire emergency.

While most of the units in the centre displayed fire evacuation floor plans and fire action notices to inform the fire procedures to be follow in the event of a fire, the inspectors noted these were not on display in St Michael`s unit at the time of the inspection. These would form part of the procedure to be followed by staff in the event of a fire in this centre, and, therefore, could cause confusion and loss of valuable time in the event of a fire emergency.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of residents care records confirmed that they had a pre-assessment in place prior to admission to the designated centre. Care plans were well written and gave sufficient details as to how residents assessed needs were to be met. There were systems in place for regular review and audit to ensure that care plan interventions met residents assessed needs.

Judgment: Compliant

Regulation 6: Health care

Although the providers systems identified an error in the issuing of one resident`s medicines to another as described under Regulation 29, this meant that one resident did not receive appropriate medical and health care having regard for their medication care plan. The provider arranged for appropriate medical review for the resident who suffered no adverse effects resulting from this error.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that there were systems in place to protect residents from abuse. The inspectors found that in circumstances where allegations of abuse had been made, the provider carried out thorough investigations and put effective measures in place to protect the resident's involved.

A review of records confirmed that the provider had referred identified concerns to the relevant safeguarding team.

Conversations held with staff, confirmed that they were knowledgeable about the different types of abuse that could potentially occur in a care environment. Staff were familiar with the centre's safeguarding policy and were able to describe the actions they would take to protect the resident in the event of an allegation being made. Residents who spoke with the inspectors confirmed that they felt safe in the centre and could speak to any member of staff if they had a concern.

Judgment: Compliant

Regulation 9: Residents' rights

The provider carried out a number of actions to improve the lived environment for the residents in multi-occupied bedrooms in St Joseph's and Our Lady's Units. This included the reduction in resident numbers residing in these rooms from four to three residents. The provider reconfigured these rooms and residents now had access to seating and personal storage within their own private space. The reconfiguration of these rooms improved the positioning of privacy screens which ensured that residents privacy and dignity were preserved.

There was evidence that residents were consulted about the service. Residents meetings were being held on a monthly basis and contained details regarding residents views on the service. Advocacy services were advertised and promoted in the centre. There was a varied activity programme available for residents to enjoy in accordance with their capacities and capabilities. Residents were supported to access the local shops in the community and residents could also access organised trips to local areas of interest.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

An error was not identified by nursing staff regarding the checking in of medicinal products received from the pharmacist which resulted in one resident receiving another residents medicines.

A medical review was arranged for the resident involved and an investigation initiated to review the circumstances around this issue. Interim measures were put in place by the provider to mitigate against any further risks such as staff training and a review of the designated centre's medication policy.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant

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

Inspection ID: MON-0039149

Date of inspection: 19/04/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Actions in relation to fire are set out under the specific regulation.</p> <p>The compliance plan received did not adequately assure the chief inspector that the proposed actions will result in compliance with the regulations.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: There is a schedule of works for floor replacement due for completion in October 2023. The required works in Our Lady's and St Catherine's are included in these works.</p> <p>The compliance plan received did not adequately assure the chief inspector that the proposed actions will result in compliance with the regulations.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

There are planned and ongoing works in respect of fire door maintenance. The most recent review and adjustments is due for completion on or before 31/7/23.

The locations of the external assembly points, and the elements pertaining to them and their access is being reviewed in conjunction with the construction of the new CNU building. This will include lighting and access. We expect that to be complete on or before the end of September 2023.

The compliance plan received did not adequately assure the chief inspector that the proposed actions will result in compliance with the regulations.

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: The registered provider declined to submit a compliance plan response in relation to this regulation.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	30/04/2023

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/09/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2023
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.	Substantially Compliant	Yellow	30/04/2023
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	Substantially Compliant	Yellow	06/07/2023

	regarding the appropriate use of the product.			
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