



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:	20 April 2022
Centre ID:	OSV-0000654
Fieldwork ID:	MON-0035136

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:	60
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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 20 April 2022	09:10hrs to 17:45hrs	Michael Dunne	Lead
Thursday 21 April 2022	09:25hrs to 15:40hrs	Michael Dunne	Lead
Wednesday 20 April 2022	09:10hrs to 17:45hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out over two days to review the registered providers compliance with the regulations. There were two restrictive conditions attached to the designated centre's current registration which required the provider to bring the centre into regulatory compliance with Regulation 17 by 1 January 2022 and with Regulation 28 by the 28 February 2022. The inspectors found that provider had failed to bring the centre into compliance and was in breach of their conditions of registration.

Prior to accessing the designated centre, the inspectors were guided through the infection prevention and control measures which included a disclosure of medical wellness or otherwise check, hand hygiene, face coverings and temperature checks.

Residents expressed high levels of satisfaction to inspectors regarding their lived experience in the designated centre, and in relation to the daily care and support they received from the staff team. Inspectors observed positive interactions between staff and residents across the two inspection days. Residents who required support from staff were seen to be provided with timely intervention. It was evident that staff were aware of the assessed needs of the residents and were able to respond appropriately to residents requests for assistance. There was a positive atmosphere in the centre with residents appearing content and relaxed.

The designated centre was COVID-19 free after having experienced two outbreaks affecting residents and staff at the beginning of 2022. Residents spoken with over the two days said that they were happy, that restrictions on their movement had ceased and that they were returning to normal routines. Residents told inspectors that staff assisted them to keep in contact with their families during the outbreak periods and were thankful for their assistance. Visitors were seen attending the centre on both days of the inspection.

The designated centre was undergoing internal painting and decoration works to communal areas. These areas were identified by inspectors during the last inspection in May 2021. Three of the four units that comprised the designated centre, St Catherine's, Our Ladies and St Joseph's were open and were being used to provide accommodation to residents, while the fourth unit St Michael's was closed due to ongoing decoration and upgrade works. Inspectors were informed by the person in charge that these works had commenced in February 2022 but that the completion date had not been finalised. Upgrades that were required to fire safety had progressed but had not been completed.

Resident accommodation was mainly provided in shared rooms which predominately accommodated four residents, there was also a number of twin and single occupancy bedrooms available within the centre. The registered provider had reduced the capacity of a number of four bedded rooms. This provided additional living space for residents to be able use, to store and retrieve their personal items

and to sit out should they wish with their own private space. The layout of storage in a number of these rooms required review to ensure residents could access storage within their own private area. Many residents were seen to have personalised their private bed spaces with family photo's and items that were personal to them.

The layout of a number of other shared rooms although reconfigured by the provider had not improved the living space for residents accommodated in those rooms. Four beds spaces in St Josephs and four in Our ladies unit did allow for residents to be able to sit out beside their bed without blocking their access to their wardrobe and storage. In addition a number of privacy screens did not ensure that residents privacy and dignity was guaranteed due to their location around the resident's bed space.

The designated centre was visibly clean. There was a cleaner assigned to each of the three units currently providing accommodation to residents while another cleaner was assigned to the cleaning of communal areas. Equipment used to promote resident well-being was observed to be clean. Staff were seen to adhere to infection prevention and control measures and there was signage located throughout the centre advising staff regarding measures to reduce the spread of infection such as advice on regular hand washing and the donning and doffing of Personal Protective equipment (PPE).

There were a number of group and individual activities observed with resident's actively encourage to attend and participate in activities. Appropriate support was provided to residents who required it. There was an extensive menu available for residents to choose from with residents complimentary regarding the quality of the food provided.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place, and on how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

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

- to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.
- to review actions carried out by the registered provider as part of their compliance plan from the last inspection on 18 May 2021.
- to review and assess compliance with Regulation 28, fire precautions.

Inspectors found that while there were systems in place to monitor and provide effective services to residents there were a number of repeated non-compliances and outstanding actions from the previous inspection in May 2021 and significant

focus and effort was now required to bring the centre into regulatory compliance and ensure that all risks identified were managed appropriately ensuring that residents safety and welfare are prioritised and promoted within the designated centre.

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 consisted of a general manager, a manager for older person services and the person in charge. A team of nurses, health care assistants, household, catering, maintenance, physiotherapy and occupation therapy support were also involved in the delivery of care to the residents in the designated centre.

The person in charge had been appointed to their role in November 2021 having held the role of assistant director of nursing (Adon) prior to this appointment.

The designated centre comprised of four units with one unit closed due to ongoing refurbishment works. During the inspection all units were inspected in conjunction with the management team. There with a focus on the reconfigured bed spaces located in St Josephs and Our Ladies Unit as they still did not meet the requirements of the legislation due to their current layout, which did not afford residents sufficient space to be able to access a seat and personal storage.

Inspectors noted that there had been improvements made by the provider in relation to the maintenance of complaint records and in the oversight of cleaning processes. The designated centre contingency plan was seen to be updated on a regular basis There were well organised meetings to review the quality of the service at both local and management levels. There was an audit schedule in place to monitor key service areas and an annual review of quality and safety of care in the designated centre had been completed.

There were sufficient numbers of staff available in the designated centre on the day of the inspection to meet the assessed needs of the residents. Arrangements were in place to maintain staffing levels to cover staff absences.

Staff had access to regular training to enable them perform their duties to a high standard and ensure positive outcomes for the residents. Staff discussed their training programme with inspectors and described how training informed their day to day work practice.

A review of the complaints confirmed that improvements had been made in the recording and management of these records. Complaints were monitored on each unit with all dealt with in accordance with the centres complaints policy. There were complaints audits in place with associated action plans to improve the service provided to residents.

Despite, these improvements, efforts to come into compliance with regulation 28, regulation 17 and regulation 9 had not been fully achieved. The completion dates for upgrade works were unclear particularly in relation to fire safety and premises

upgrade and the provider had not submitted information updates as requested in relation to these matters.

Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to meet the assessed support needs of the residents. The registered provider had contingencies in place to cover planned and unplanned staff absences. There were registered nurses available in the designated centre during the day and during the night.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had attended the required mandatory training courses which included safeguarding vulnerable adults, moving and handling and fire safety training. A review of the content of the fire safety training was requested to be remitted post inspection. Training was provided in house either by suitably qualified staff or through online courses accessed via the internet. Staff confirmed that they had access to the Health Service Executive (HSE) training platform HSEland where they had also completed training on infection prevention and control and medication management

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to ensure that there were sufficient resources made available to complete the improvement works relating to fire safety, the premises upgrade and the redesign of resident's private bed spaces within the time lines required in the centre's conditions of registration.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications to the

office of the Chief Inspector within the timescales set out under this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which facilitated residents and family members to raise a complaint should they feel they have reason to do so. The complaints policy and procedure identified, how the complainant could raise a complaint, the arrangements for receiving feedback and on the remedy to follow should they be unhappy with the outcome of the complaint investigation.

The registered provider facilitated staff training in the handling of complaints and resident feedback regarding the service provided through the (HSE) your service your say (YSYS) training programme. A review of the complaints log confirmed improvements in the recording of the complainant's satisfaction levels following the investigation of complaints, with all registered complaints signed and dated by staff.

Judgment: Compliant

Quality and safety

Inspectors were assured that residents living in the designated centre received a high standard of quality care which ensured that they continued to live a good quality life. The inspectors acknowledged that the registered provider had carried out actions to improve the safety of residents with regard to infection prevention and control measures in maintaining a clean environment for residents to live in.

Other improvements carried out by the registered provider included works to improve the condition of the premises, works to improve fire safety measures in the designated centre and a review of multi-occupancy rooms to ensure that residents had access to private space which maintained their privacy and dignity.

Notwithstanding these measures, inspectors found poor practices in the management of fire safety in the designated centre. A number of areas that required fire safety upgrade works had not been completed, particularly in St Michael's Ward and the Work House Building of the centre. The provider was unable to provide a completion date for the remaining works. Monthly up-dates as previously requested were not submitted nor was an application to vary dates for completion. The provider was in breach of their restriction condition in relation to Regulation 28 fire precautions.

In view of the fire safety concerns identified during this inspection and the

remaining fire safety works to be completed to the centre, the inspector was not assured that the fire safety arrangements adequately protected residents from the risk of fire in the centre and the identification and management of fire safety risks was not adequate.

Confirmation was required from the provider on what works remained to be completed and a time line for completion. Final sign-off from the providers competent fire consultant and a updated FSRA are required once all fire safety works have been completed. Furthermore other fire safety risks were identified on this inspection, these risks are discussed in more detail under Regulation 28 Fire Precautions.

Works to improve the standard of the premises were underway however the completion date for these works was not available. Three of the four units, namely St Catherine's, Our Ladies and St Josephs were accommodating residents, while St Michael's was closed for renovation which inspectors were informed had commenced in February 2022. Residents in St Michael's had been transferred to St Catherine's on a temporary basis with a view to returning to this unit when these works were completed.

Improvements to the layout of five, four bedded multi-occupancy rooms were found in St Catherine's unit with five of these rooms now providing accommodation to three residents. However poor allocation of storage facilities in three of these rooms did not guarantee residents privacy and dignity and meant that residents had to enter other resident's bed spaces to access their clothing. The removal of the fourth bed in these rooms did not enhance or improve the design of communal space for residents use as these spaces were found to be used as storage facility for privacy screens.

Inspectors were informed that the layout of multi-occupancy rooms in Our Ladies and St Josephs had been reconfigured to meet the requirements of the regulations. Inspectors reviewed these spaces with the registered provider and found that these alterations did not ensure residents' privacy and dignity, the position of privacy screens was seen to impede resident's ability to be able to access storage and to be able to sit out within their own private bed space.

Inspectors noted that resident storage facilities in general were of poor quality in these units and needed to be replaced. Many wardrobes were old and in poor state of repair and offered minimal space for residents to store their clothes and personal belongings.

Infection prevention and control measures in the designated centre had been strengthened with regard to hygiene practices. Records reviewed indicated that the cleaning of the centre had been outsourced since September 2021. A cleaning committee had been created to review cleaning practices in the centre. There was regular monitoring of cleaning schedules and cleaning audits to ensure cleaning processes were fit for purpose.

Inspectors found that the recent outbreaks of COVID-19 in the centre were managed in line with the centres preparedness plan. The management team had

established links with the local public health team and were proactive in ensuring that all measures were taken to promote resident well-being. This included the daily monitoring and recording of signs and symptoms for COVID-19. The layout and design of the centre into four separate units allowed for the cohorting of staff and residents to prevent the spread of infection in the designated centre.

There were effective systems in place for the assessment, planning and implementation of care interventions to meet the health and social care needs of the residents. Care plans were well-written and were based on consultation with residents where appropriate or with family members. Care plans were reviewed within four months of their creation or as and when required such as a change in residents support needs.

There was regular access to general practitioner services (GP) who visited the centre on a daily basis with out-of-hours support provided by Westdoc. There were systems in place to refer residents for optical, dental, and chiropody services. Access to dietitian, and speech and language therapy was organised through referral to the residents GP. Inspectors reviewed resident care records and confirmed that where intervention or advice was given by a medical professional that this was sufficiently recorded in detail in the resident's progress notes.

Residents confirmed that they felt safe in this centre and it was clear that staff were aware of residents individual support needs. Residents who were observed as requiring care or mobility support were provided with timely interventions by the staff team. Residents had unrestricted access to communal facilities which included access to an enclosed garden area.

There were opportunities for residents to engage in individual and group activities. Daily activities were recorded on a notice board to inform residents of the group activities arranged for that day, during the inspection, inspectors observed residents attend music sessions, reading newspapers and watching television. There were regular resident meetings held where residents were able to express their views on the quality of the service provided for them. Over the two days residents were seen to receive visitors both in their own room and in designated visitor areas.

Regulation 11: Visits

There were adequate arrangements in place for residents to receive visitors in private or in communal settings, in line with Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities Guidance. Inspector's observed visitors attending the designated centre on both days of the inspection.

A review of resident records indicated that residents had a visiting care plan in place which set out the arrangements for residents to receive visitors in the designated centre and to maintain contact with their relatives either through phone contact or

by using social media platforms

Judgment: Compliant

Regulation 13: End of life

There were clear policies and procedures in place to inform staff practice, when a resident's condition deteriorated and the resident was assessed as requiring end of life care. A review of care records confirmed that the person in charge had ensured that resident's wishes were clearly set out in terms of how they wanted to be cared for, their religious and spiritual support needs and the arrangements for family involvement

Judgment: Compliant

Regulation 17: Premises

There were eight multi-occupancy bedrooms that did not ensure adequate private accommodation of a suitable size and layout to meet the needs of the residents accommodated in these rooms:

- Changes in the layout of 8 bed spaces located in multi-occupancy rooms in Our Ladies and St Joseph's units did not address the issues raised in the previous inspection, Residents still could not sit out or move freely around their bed space due to the location of privacy screens and poor access to storage.
- Three residents were required to enter other residents' bed spaces in order to access their storage facility for clothing, this impacted on the privacy and dignity of residents and did not meet the regulatory requirements.
- Support pillars located at the reception area required painting.
- Wardrobes in some multi-occupancy rooms were in a poor state of repair.
- The revised layout of bed spaces in St Josephs and Our Ladies did not provide residents with sufficient space to be able to sit out or to access personal storage within their own bed space.

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy and procedure in place which reflected the

requirements of the regulations including the management of specified risks.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had made improvements to infection prevention and control procedures since the last inspection. The cleaning of the designated centre had been outsourced to a private company and a review of records showed that there was regular monitoring in place to ensure that the environment was cleaned to a high standard. An infection prevention and control lead was in place to provide guidance and support to staff in maintaining an infection free environment.

Judgment: Compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. Improvements were required to comply with the requirements of the regulations. The service was non-compliant with the regulations in the following areas:

St Joseph`s Ward:

- Inspectors noted a smell of cigarette smoke in Bedroom 16. Used cigarette`s were observed in the residents private garden. No ashtray, fire extinguisher or fire blanket was present in this area. This was also in contradiction of the designated centres own policy which stated that residents who smoke should only do so in a designated smoking area in the centre.
- The double fire doors into bedrooms one and three did not close fully when they were released by the inspectors. The fire doors required attention in order to prevent the spread of smoke and flame in the event of a fire emergency.

Our Lady`s Ward:

- The double fire doors into bedrooms one and four were noted to have a gap when they met in the middle over the maximum tolerance for a fire door and required attention.
- The inspectors observed a fire door into the visitors room held open with a bin which interfered with the primary function of the fire door closer.
- It was noted the double fire doors into the sitting room had several small holes that required attention to ensure the fire rating of the door was

maintained.

St Catherine`s Ward

- The compartment fire doors into this ward were identified in the FSRA and were to be replaced. The inspectors noted this had not been carried out. The person in charge assured the inspectors that this would be carried out once the fire safety works to St Michael's had been completed. This was to ensure access into St Catherine`s Ward could be maintained.
- From a visual inspection, fire safety works to St Catherine`s Ward appeared to have been completed but inspectors could not confirm if works in the attic space had been completed.
- The inspectors noted several breaches in the fire rated ceiling located in the Comms Room that required attention. Furthermore electrical cables had breached the ceiling and required fire stopping by a specialised contractor.
- The inspectors identified a steel conduit that penetrated the dividing fire rated wall in bedroom 28 that required fire stopping.
- The inspectors observed a small store cupboard adjacent to room 27 that was not indicated on the floor plans for the centre. The fire doors did not have a door closer fitted and was missing a fire sensor.
- In the sun room lounge the inspectors noted small holes through the fire door that required attention.
- In room six the inspectors noted the door closer did not engage when activated and required attention.
- A switch room located in the ward had inappropriate storage of items such as bags of clothing and the ceiling required fire stopping due to cabling that had breached the fire rated ceiling.
- The fire blanket in the designated smoking room was undersized for its intended use and needed to be replaced with a larger one.
- Staff access into the dining room via a fire door required attention as the inspectors noted an inappropriate door lock had been fitted and several small holes were noted through the fire door.

Inspectors observed that a number of corridor's in the centre were cluttered with cleaning trolleys, linen trolleys and serving trolleys which obstructed the means of escape for staff and residents. The fire exits located in the Work House Building required review, a fire exit door was fitted with a rim latch and should be replaced with a simple fastener as recommended in the FSRA. A break glass unit was left broken and a directional fire exit signage above a fire exit door was not illuminated on the day of the inspection. Inspectors also observed a timber lined ceiling in the lobby area between the Physio room and the church, this required assurances on the spread of flame classification for the timber lining. This was also identified as a high risk in the FSRA.

The provider did not have adequate arrangements to review fire precautions. The recommendations of the FSRA had not been fully implemented by the provider at the time of the inspection.

The registered provider was not taking adequate precautions against the risk of fire.

A fire door into a dry goods store had been tied against the wall to keep it open and would not be able to close in the event of a fire emergency.

Staff had carried out several fire drills in each of the units however the inspectors requested a drill for the largest compartment in St Catherine`s Ward which accommodated 19 residents be carried out to ensure that residents on this unit could be safely evacuated in the event of a fire emergency. This was subsequently submitted to the Chief Inspector for review.

While fire training had been completed by all staff it was not clear on the contents of the training covered and as such further assurance was required to be submitted by the registered provider.

Quarterly and annual records for the fire alarm system and the emergency light were not available on the day of the inspection and the provider was required to be submitted evidence that the fire safety checks had been completed following the inspection. These were subsequently submitted to the Chief Inspector for review.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A sample of residents care plans were reviewed on inspection. Records confirmed that residents health and social care needs were assessed before being offered a placement in the designated centre. The purpose of this assessment was to ensure that the service had the ability and facilities to maintain and improve residents health and well-being. Care plans were comprehensive and set out clearly the assessed needs, and interventions to meet those needs. Care plans were reviewed on a regular basis and updated when the need arose. Nursing notes reflected the interventions made on a daily basis to meet residents needs.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to health care support based on their assessed needs. There were daily GP visits to the centre and records confirmed that residents medication was reviewed on a four monthly basis. There were arrangements in place for residents to access specialist health care support such as gerontology or psychiatric services. Nursing staff attended training to maintain their skills in promoting an environment where resident health care was prioritised.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A review of records relating to the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) confirmed that there were policies and procedures in place to maintain a restraint free environment. Where restrictive practices were in place such as bed rails or low entry beds, there was a clear rationale for their introduction and use. Regular assessment and review ensured that where a restrictive practice was no longer needed that it was removed in a timely manner.

Judgment: Compliant

Regulation 8: Protection

There were effective systems in place to ensure that residents were protected from abuse. Staff had completed the mandatory training in safeguarding vulnerable adults and were able to identify situations where an abusive interaction could occur. In addition, staff were able to explain the procedures they would follow should they come across such as situation. The registered provider acted as a pension agent for a number of residents and informed the inspectors of the policies and procedures they had in place to protect resident's finances. This included the setting up of a separate resident account (Private Patient Account) which was used to process residents social welfare payments. All residents' accounts were subject to regular monitoring and reconciliation. Resident account statements were made available for residents to review.

Judgment: Compliant

Regulation 9: Residents' rights

The layout of a number of bed spaces impacted negatively on the privacy and dignity of residents where:

- Three resident storage facilities were located in other residents bed spaces in St Catherines (long stay) therefore residents had to enter another residents bed space to access their personal belongings.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not 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 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

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

Inspection ID: MON-0035136

Date of inspection: 21/04/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider has completed substantial upgrade works to fire safety in recent months. As of 7th June 2022,</p> <ul style="list-style-type: none"> • The works to Our Lady’s Ward (Phase 1) and St Joseph’s Ward (Phase 2) & St Catherine’s Ward (Phase 3) have been completed and opinions on compliance issued by the Design Team for these works in a letter of 7-6-22 to the provider. • The works to St Michael’s Ward (Phase 4) and Phase 5 works are near complete with minor Builder’s snags and snags to be completed by the appointed specialist fire door maintainer. These works are due for completion by 11-7-22. <p>The provider is reducing the occupancy of multiple occupancy rooms to 3 beds in the following rooms, St Josephs Ward -Room 1 Bed 3, Room 2 Bed 2, Room 3 Bed 3 and Room 4 Bed 2 and Our Ladys Ward –Room 1 Bed 3, Room 2 Bed 2, Room 3 Bed 3 and Room 4 Bed 2.</p> <p>It is expected that all residents who currently occupy a fourth bed in these bedrooms will on or before 20th November 2022 , be accomodated in compliant bedrooms in the refurbished St Michaels Ward.</p>	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

- Wardrobes are now located within the identified residents personal bedspace since 1st June 2022
- The support pillars at the reception are painted since 6th May 2022
- The wardrobes in the multi-occupancy rooms have been replaced with a better quality wardrobe to meet the needs of residents on 3rd June 2022.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The provider has completed substantial upgrade works to fire safety in recent months. As of 7th June 2022

- The works to Our Lady's Ward (Phase 1) and St Joseph's Ward (Phase 2) & St Catherine's Ward (Phase 3) have been completed and opinions on compliance issued by the Design Team for these works of letter of 7-6-22.
- The works to St Michael's Ward (Phase 4) and Phase 5 works are near complete with minor Builder's snags and snags to be completed by the appointed specialist fire door maintainer. These works are due for completion by 11-7-22

In relation to specific issues identified in the report , the following are the actions completed

St Josephs Ward:

- An individual risk assessment was available at the time of the inspection in relation to this resident smoking in the external private patio area of his single occupancy room. An outdoor ash tray was provided on the 20th of April and a canopy is due for installation by the 24th of June 2022.
- The identified adjustments to the bedroom doors require completion were completed on Day 2 of the inspection, 20/4/22

Our Lady's Ward:

- The necessary adjustments to the bedroom doors are complete as per letter of 7-6-22
- A swing free system were fitted to the Visitors Room door on the 29th April 2022.
- The identified small holes in the sitting room doors are repaired as of 7-6-22

- St Catherine's Ward:
- The compartment fire door into the ward were replaced as planned and completed on the 17th May 2022.
- The provider can confirm that the Fire Safety work to the attic space were indeed complete. This was confirmed on a site inspection by the Fire Consultancy Contractor and the Architect Team on the 24th May 2022.
- The Comms. Room ceiling were reviewed by the specialist contractor and the plaster ceiling is a cosmetic ceiling with a concrete ceiling above which has been fire stopped as the fire line. This was confirmed on a site inspection by the Fire Consultancy Contractor and the Architect Team on the 24th May 2022.
- The Dividing Fire Rated Wall in Bedroom 28 where a steel conduit penetrated is fire stopped as per report
- The small store cupboard adjacent to Room 27 is approximately 500mm deep with a head height above the door head of approximately 280mm. There is no walk in space with shelving completely to the door. To consult with Estates in terms of Fire Related Requirements. This cupboard will be included in the floor drawings.
- The small holes In the sun room lounge door are repaired as of 7-6-22
- The door closer in Room 6 has been reviewed and engages when activated
- The inappropriately stored items in the switch room were removed on the day of the inspection, 20/4/22
- A larger Fire Blanket for the designated smoking room has been sourced and delivery is awaited on 7-6-22
- Staff are regularly reminded not to block escape routes/corridors with trollies. This has been communicated by management in the centre on their daily walk arounds since 20/4/22.
- Information as requested on fire training was submitted to the Chief Inspector on 26/4/22
- The Workhouse is to be vacated with the exception of essential support services areas for the centre. These service support areas are to be independently accessed and suitably separated by fire rated construction from the Workhouse areas. A one hour compartment has been established along the link corridor to the Workhouse, beyond the CNU main kitchen to demark the CNU from the workhouse building. All services currently in the main workhouse, Physiotherapy and stores, are to be moved on or before 11-7-22

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The provider is reducing the occupancy of multiple occupancy rooms to 3 beds in the following rooms, St Josephs Ward -Room 1 Bed 3, Room 2 Bed 2, Room 3 Bed 3 and Room 4 Bed 2 and Our Ladys Ward –Room 1 Bed 3, Room 2 Bed 2, Room 3 Bed 3 and Room 4 Bed 2.</p> <p>It is expected that all residents who currently occupy a fourth beds in these bedrooms will on or before 20th November 2022 be accomodated in compliant bedrooms in the refurbished St Michaels Ward</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(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	20/11/2022
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	20/11/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	07/06/2022

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	11/07/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	11/07/2022
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	11/07/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	07/06/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire	Not Compliant	Orange	26/04/2022

	prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	11/07/2022
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	03/06/2022