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## Sacred Heart Hospital, OSV-0000654, 27 March 2018

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

|                            |                              |
|----------------------------|------------------------------|
| Name of designated centre: | Sacred Heart Hospital        |
| Name of provider:          | Health Service Executive     |
| Address of centre:         | Golf Link Road,<br>Roscommon |
| Type of inspection:        | Announced                    |
| Date of inspection:        | 27 and 28 March 2018         |
| Centre ID:                 | OSV-0000654                  |
| Fieldwork ID:              | MON-0020940                  |

## About the designated centre

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

The Sacred Heart Hospital and Care Home provides residential and respite services to adults. The centre provides accommodation for 95 residents in four units. St Catherine's unit has 37 beds which include 22 long stay beds and 15 respite/rehabilitation beds. It also has one palliative care suite. Our Lady's unit provides 17 long stay beds and St Michael's and St Josephs provide 20 and 21 long stay beds. Each unit has a lounge and dining area and smaller seating areas. There are a number of communal bathrooms and toilets on each unit and St Catherine's has 4 single en-suite rooms. There are several enclosed gardens with seating for residents. The centre is situated close to Roscommon town and local amenities. Therapy services include a physiotherapy suite and an occupational therapy room. There is also an activities therapy team who design and provide the daily activities programme.

The centre supports residents with community outings and residents can attend day care services where they meet and maintain links with neighbours and friends from their community.

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

|  |            |
|--|------------|
| Current registration end date:                 | 24/06/2018 |
| Number of residents on the date of inspection: | 87         |

## How we inspect

To prepare for this inspection the inspector or 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 |
|---------------|----------------------|-------------|------|
| 27 March 2018 | 09:30hrs to 18:00hrs | Ann Wallace | Lead |
| 28 March 2018 | 08:30hrs to 17:00hrs | Ann Wallace | Lead |

## Views of people who use the service

Residents and their families or representatives returned 19 questionnaires during the inspection. Findings from the questionnaires and the views of a number of residents who spoke with the inspector during the two day inspection were very positive. Many residents commented on how kind and caring the staff were. Residents told the inspector that they felt safe and secure in the centre and that they could talk with staff about any concerns that they had. However residents said that they did not like it when staff were moved between the units in the centre which meant that they had to get used to new staff. Residents who had made comments or complaints about aspects of the care or services provided said that they were listened to and that the issues were dealt with promptly.

Residents told the inspector that they were satisfied with their accommodation and that the centre was warm and comfortable. Residents had a wardrobe and drawers in which to store personal items and clothing and a bed side locker. However a number of residents said that they did not have enough storage space for their personal possessions.

Residents said that they enjoyed their meals and that there was plenty of choice although a small number of questionnaires reported that sometimes the meat was tough and could be difficult to chew.

Residents were very happy with the entertainment and activities that were provided although one resident told the inspector that there was not a lot to do if you did not attend the activities on offer. Some residents attended the day care service that was held on site and they told the inspector that this enabled them to keep in touch with neighbours from their local community. A number of residents said that they particularly enjoyed the trips out into the local community or to places of interest and that they would like more of this type of activity.

## Capacity and capability

This was a well run centre with effective leadership provided by the person in charge and the assistant director of nursing. Staff were supported and supervised in their work and were clear about what was expected of them in their roles. As a result staff took responsibility for their work and were open and confident in their dealings with each other and with managers. This helped to promote an open culture in which residents and their families were confident in the care and services

that were provided and felt able to raise any concerns that they may have with the staff team.

Overall there were sufficient numbers of staff with the right knowledge and skills to meet the needs of the residents living in the centre and care was found to be in line with the statement of purpose. However, some improvements were required to ensure that relevant staff were trained in managing responsive behaviours, dementia care and restraints.

The person in charge was a registered nurse with more than 15 years experience of working with adults in a residential care setting. They worked full time in the centre and were supported by an assistant director of nursing who took responsibility for day-to-day management of the centre in the person in charge's absence. Both the person in charge and the assistant director of nursing were known to residents and their families. The provider representative was available on the first day of the inspection and was knowledgeable about ongoing issues and recent incidents that had occurred in the centre. There were clear systems of communication and reporting between the provider representative and the person in charge.

Staff had access to a range of policies and procedures to support the delivery of safe and appropriate care and services for residents. Staff were trained in key policies as part of their initial induction training and this was updated through the centre's mandatory training programme. Staff who spoke with the inspector were able to articulate key policies and procedures such as the fire safety procedure and the safeguarding of vulnerable adults policy.

The centre had completed an annual review of safety and quality of care and services provided for residents. The review included feedback and comments from the resident and family survey that was completed in 2017 and feedback from the resident forum meetings.

There was a quality management system in place which included monthly audits of key areas such as falls, restraints, wounds, medication errors and dependencies. The data was analysed and communicated back to relevant staff. However the process needed further development in order to record clear action plans for change and a re-audit to ensure that the required improvements had been achieved.

Residents and visitors who spoke with the inspector described staff as being very caring and patient. They said that staff knew the residents well and that care was person centred. The inspector met with staff and residents in the physiotherapy and occupational therapy departments on the first day of the inspection. Residents told the inspector that they were pleased with the progress that they had made since their admission to the centre. They commented on how staff in the various departments had worked together to support them to improve their self-care abilities and mobility. The inspector noted that this was a particular strength of the centre.

Residents said that they felt able to influence how their care and services were provided and that staff knew their preferences for care and daily routines. Residents saw senior nursing staff each day and said that if they had any concerns that they

were listened to. Families and residents told the inspector that when they had raised a complaint that this had been dealt with and they were satisfied with the outcome.

Each resident had a contract for care in place which outlined the fees and detailed any arrangements that were in place for the resident in relation to the Nursing Home Support Scheme. Some improvements were required as the contracts did not include the additional costs for services such as transport to and from hospital appointments which could be charged to the resident and details of the room in which the resident was to be accommodated.

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

The requirements of the regulations were not complete when submitted by the provider as the Garda vetting for the person in charge and the assistant director of nursing were not included. The application to renew Garda vetting for these two individuals had been submitted in December 2017 and was in process.

Judgment: Substantially compliant

#### Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider had provided the required information to the Chief Inspector in relation to changes of the provider representative for the centre. This was provided within the required time scale.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge is a registered nurse who works full time and has responsibility for the management of staff and residents who live and work in the centre. The person in charge also had a qualification in health service management.

Judgment: Compliant

## Regulation 15: Staffing

The number and skill mix of staff is appropriate to the needs of the residents and the size and the layout of the centre. There is one registered nurses on duty at all times in the centre. There is a clinical nurse manager on each of the four units during the day and one clinical nurse manager on duty at night time to cover the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of residents. In most areas staff have the required competencies to manage and deliver person centre, effective and safe services; however, further training sessions are required to ensure that all staff are trained in managing behaviour that is challenging, working towards a restraint free environment and dementia care.

Judgment: Substantially compliant

## Regulation 21: Records

The records set out in schedules 2,3 and 4 were made available to the inspector however; some improvements were required in the following areas:

- 1) ensuring that a copy of the resident information provided on transfer into and out of the centre is retained in the resident's file.
- 2) ensuring that the inventory of each resident's valuables and possessions is maintained and is up-to-date.

There were clear policies and procedures in place for the maintenance and storage of these documents.

Judgment: Substantially compliant

## Regulation 22: Insurance

As a HSE premises the centre is covered under the National Treasury Management Agency (Amendment) Act 2000 for personal injury and/or third party property damage.

Judgment: Compliant

## Regulation 23: Governance and management

The designated centre has sufficient resources to ensure the delivery of safe and effective care for residents in line with the Statement of Purpose.

There is a clearly defined management structure that identifies the lines of authority and accountability. Staff were clear about their roles and the reporting structures in place.

There was a quality assurance system in place to monitor that care and services were safe and appropriate. This included an annual review of the quality and safety of the service which was developed in consultation with residents and their families.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Each resident had a contract for care which included the terms of residency in the centre, the fees for services and the arrangements for the receipt of financial support under the Nursing Homes Support scheme. However contracts did not clearly state:

1. the additional costs for services such as transport to and from hospital appointments.
2. and details of the room in which the resident was to be accommodated.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The Statement of Purpose had been reviewed in May 2017 and included most of the information required in Schedule 1 of the regulations. Additional information was required to include the room numbers, occupancy and sizes of all bedrooms in the centre.

Judgment: Substantially compliant

### Regulation 30: Volunteers

Volunteers working in the centre were supervised and supported in their work by nursing and activities staff. Not all volunteers had a vetting disclosure in accordance with the national Vetting Bureau (Children and Vulnerable Persons ) Act 2012.

Judgment: Not compliant

### Regulation 31: Notification of incidents

All Schedule 4 incidents were notified to HIQA within the required timescales.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place in the centre. Residents and their families were made aware of the complaints procedure. A copy of the complaints procedure was displayed in a prominent position on each unit and in the entrance to the centre. There was a nominated complaints person. Complaints were recorded on each unit. Details of the nature of the complaint, the investigation and the actions taken to resolve the complaint were available in the record. The complaints procedure included details of the appeals process if the complainant was not satisfied with how their complaint was managed by the centre.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies and procedures listed in Schedule 5 of the regulations were in place. Policies and procedures were made available to staff through the centre's induction

and ongoing training programmes. Policies and procedures were reviewed regularly.

Judgment: Compliant

## Quality and safety

Each resident had a comprehensive assessment of their health and social care needs on admission to the centre. The assessment included any relevant clinical risks such as weight loss and risk of falls. Nursing staff on each unit worked with the resident and their family to develop a care plan which set out what care interventions and services were required to meet their identified needs and to promote their self-care abilities and independence. Staff knew the residents well and were knowledgeable about the levels of support and interventions that were needed to engage with them effectively. Staff demonstrated genuine empathy in their interactions with residents and as a result care was person centred.

Care plans and risk assessments were reviewed every four months or more often if the resident's needs changed. Residents and their family were invited to take part in the reviews if they wished to do so. The inspector reviewed a sample of care plans and found that they reflected the resident's current needs and their preferences for care and daily routines. Improvements were required as some care plans did not provide sufficient detail to guide staff in relation to specific needs such as the management of responsive behaviours and care plans relating to nutritional and hydration risks.

Residents' needs were met through a range of nursing, medical and specialist health care services. Physiotherapy and occupational therapy were available from two specialist teams who were based in the centre. This provided ease of access for residents and promoted a multi-disciplinary approach to their care and rehabilitation. This was a particular strength of the centre. Dietetics, speech and language therapy, psychiatry of old age and chiropody were available through a clear referrals process. Residents had good access to medical and specialist services with a general practitioner (GP) visiting the centre daily during the week and an out-of-hours medical service was available.

The centre provided appropriate care and support for those residents who were approaching the end of their life. This included skilled nursing care from within the centre's nursing team and, when required, advice and support from specialist palliative care services. Where the resident had agreed to provide the information, there was a care plan for end of life care which outlined their wishes and preferences for care. However, improvements were required in this documentation to ensure that the resident's involvement or the involvement of their family in these decisions was accurately recorded. There was a palliative care suite with a single room and self-catering accommodation available for residents and their families if they wished to be together in a private space.

Residents told the inspectors that they enjoyed their meals and that there was plenty of choice on the menus. There were sufficient staff available at meal times to support and encourage residents to enjoy their meals and to ensure that they were able to take adequate food and fluids. Drinks and snacks were served throughout the day. This included fortified fruit milkshakes and mousses for those residents who required extra calories and nutrition.

The centre's activity programme enabled residents to take part in activities and social interactions of interest to them. The programme included group activities in communal areas and one-to-one activities for those residents who needed a higher level of supervision and support. The occupational therapy team provided oversight and support for staff providing activities for those residents with higher level needs.

Residents told the inspector that they felt safe in the centre and that they were able to talk to staff and managers if they had any concerns. All staff had attended safeguarding training and were aware of their responsibility to keep residents safe. All HSE staff employed in the centre had Garda vetting in place. Garda vetting had been applied for for all volunteers working in the centre, however this did not extend to housekeeping staff who worked for a private company.

The centre was clean and there were adequate numbers of hand washing facilities on each unit. Although staff were seen to follow good infection control practices, not all staff had attended infection control training.

There were comprehensive fire safety procedures in place and all staff working in the centre had attended fire safety training and fire drills. Staff were aware of what to do to keep residents safe in the event of a fire. There were regular checks of fire safety equipment and means of escape. However, on three of the units residents had requested that their bedroom doors be left open during the day. These doors did not have automated self-closure mechanisms which would ensure that they would close in the event of the fire alarm sounding.

There was clear evidence that the centre was working toward a restraint-free environment. Since the last inspection, a quality improvement programme had focused on significantly reducing the number of bedrails and other restraints used in the centre. Records showed that where restraints were used this was done in accordance with national best practice guidance.

The centre had policies and procedures in place to protect residents' finances and to ensure that residents had access to and control over their own money.

Residents told the inspector that they were comfortable in the centre and that, overall, their accommodation met their needs. Residents' bedrooms were laid out in a spacious and comfortable manner and privacy curtains were available in rooms occupied by more than one person. However the privacy screening for the four-bedded bay adjacent to the dining room on Our Lady's unit did not ensure that the privacy and dignity of the residents occupying this area could be met at all times.

Residents had their own wardrobe space for clothing and belongings and a bedside locker and shelving or drawers. Lockable storage safes were provided on

request. The inspector noted that some single wardrobes did not provide adequate storage space for the residents.

There were communal toilets and bathrooms on each unit. Toilets and bathrooms had grab-rails and call-bells in place to promote residents' independence and safety. However, the communal toilets and shower rooms on St Joseph's and Our Lady's units needed to be refurbished and upgraded as they were not wheelchair accessible and they did not ensure the privacy, dignity and comfort of the residents using these facilities.

There was a lack of storage space in the three older units which meant that large items of equipment such as hoists, shower chairs and commodes were stored in resident areas and in bathrooms. Each unit had a sluice room; however the sluice room on St Michael's ward was too small to support good infection control practices.

Each of the units had a comfortable lounge and a dining room. Communal areas were nicely decorated and comfortably furnished. There were small seating areas in each unit if a resident wanted to meet with their visitors in private. A large chapel was attached to the centre and residents and members of the local community could attend mass here on weekdays.

The centre had a large central courtyard garden and several smaller outside spaces adjoining bedrooms or communal areas. These were tidy and provided seating and shelter for residents and their visitors.

### Regulation 10: Communication difficulties

Each resident who was identified as having a specific communication need had a care plan in place to inform staff about the appropriate interactions that were required to support the resident to communicate freely.

Judgment: Compliant

### Regulation 11: Visits

The centre had an open visiting policy which ensured that residents could meet with their families and friends. Suitable facilities were available on each unit to ensure that residents could meet with their visitors in private if they wished to do so.

Judgment: Compliant

### Regulation 12: Personal possessions

There were clear policies and procedures in place to ensure that individual residents had access to and retained control over their personal property, possessions and finances.

Each resident had a wardrobe and drawer or shelf space and a bed side locker. However some wardrobes were small and did not provide adequate storage for residents.

Judgment: Not compliant

### Regulation 13: End of life

Appropriate care and comfort was provided which met the emotional, social , psychological and spiritual needs of the resident as they approached the end of their life.

Improvements were required in how individual residents preferences for care at the end of their life were recorded in nursing and medical records to ensure that the resident's involvement or the involvement of their family in these decisions was accurately recorded.

Judgment: Compliant

### Regulation 17: Premises

The communal toilets and showers on St Joseph's and Our Lady's units and one of the four bedded bays on Our Lady's unit did not conform to the matters set out in Schedule 6 of the regulations.

Large items of equipment such as hoists, shower chairs and commodes were stored in resident's bedrooms and bathrooms.

The sluice room on St Michael's Unit was too small to support good infection control practices.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Menus offered plenty of choice at mealtimes. Residents who had specific dietary needs were provided with appropriate meals and drinks in line with their care plans.

There were enough staff available to support residents at meal times and when drinks and snacks were offered throughout the day.

Judgment: Compliant

### Regulation 20: Information for residents

There was a resident's guide which had been updated in 2017. The guide provided a summary of the services and facilities that were provided in the centre and the arrangements that were in place for residents to receive visitors.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Where a resident was transferred to another care facility nursing staff completed a transfer form which included the relevant information about the resident to the receiving hospital or care centre. Improvements were required to ensure that a copy of all transfer information was retained on the resident's file.

Judgment: Compliant

### Regulation 26: Risk management

There was a clear Risk Management policy which included the risks set out in Schedule 5 of the regulations. The policy included the arrangements in place for

identifying, recording, investigating and learning from serious incidents or adverse events. There was a plan in place for responding to emergency events and evacuation of the centre.

Judgment: Compliant

### Regulation 27: Infection control

There were clear Infection Control policies and procedures in place. Staff demonstrated good hand washing and infection control practices in their day to day work. Not all staff had attended infection control training updates.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were comprehensive policies and procedures in relation to the prescribing, delivery, administration, storage and disposal of medications in the centre. The centre ensured that all residents had access to a pharmacist and a general practitioner (GP) to meet their medication needs. Medicines were stored securely.

Nursing staff administered medications in a safe manner in line with the resident's prescription however improvements were required in the recording and reporting of medication errors in the centre and ensuring that the learning from these events brought about the required improvements in staff practices.

Judgment: Not compliant

### Regulation 6: Health care

Residents had access to a wide range of health services to meet their individual needs. Specialist services were available when required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The centre had reduced the number of bed rails and other restraints being used.

Where restraints were used they were used in accordance with national policy.

Where residents displayed responsive behaviours staff used appropriate techniques to support and reassure the resident in line with the resident's care plan.

Not all staff working in the centre had received training in managing responsive behaviours and restraints.

Judgment: Not compliant

### Regulation 8: Protection

All staff had received training in relation to the detection and prevention of and response to incidents or allegations of abuse. Staff were aware of their role and responsibility to protect residents.

The person in charge investigated any allegation or incident of abuse in line with the centre's policies and procedures.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Each resident had received a comprehensive pre-admission assessment prior to their admission to ensure that the centre could meet their needs. On admission nursing staff completed an assessment of the resident's health, personal and social care needs. A care plan was developed with the resident and their family within 48 hours of admission. Care plans were reviewed four monthly or more often if the resident's needs changed.

Improvements were required in care plan documentation to ensure that they were sufficiently detailed to guide nursing and care staff in specific interventions such as responsive behaviours.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were comprehensive fire safety precautions in place. All fire equipment and means of escape were checked regularly however the inspector noted that a number of fire doors leading into multi-occupancy and communal rooms on St Michael's, St Joseph's and Our Lady's units were left open during the day. These doors did not have a self-closing mechanism and would not close in the event of a fire alarm sounding.

All staff received annual fire safety training updates. Two fire drills had been completed in 2017. Improvements were required in the recording of fire drills and drills did not include a night time scenario.

Judgment: Not compliant

### Regulation 9: Residents' rights

The rights and diversity of each resident were respected. Residents had access to an independent advocate.

The centre had a comprehensive activities programme in place. Residents could choose which activities to take part in and where they declined an activity this was respected by staff.

The communal toilet/shower facilities in Our Lady's and St Joseph's units and the layout of one of the four bedded rooms on Our Lady's Unit did not ensure that the privacy and dignity of the residents could be maintained at all times.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title   | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Registration Regulation 4: Application for registration or renewal of registration   | Substantially compliant |
| Registration Regulation 6: Changes to information supplied for registration purposes | Compliant               |
| Regulation 14: Persons in charge   | Compliant               |
| Regulation 15: Staffing  | Compliant               |
| Regulation 16: Training and staff development  | Substantially compliant |
| Regulation 21: Records   | Substantially compliant |
| Regulation 22: Insurance   | Compliant               |
| Regulation 23: Governance and management   | Compliant               |
| Regulation 24: Contract for the provision of services                                | Substantially compliant |
| Regulation 3: Statement of purpose   | Substantially compliant |
| Regulation 30: Volunteers  | Not compliant           |
| Regulation 31: Notification of incidents   | Compliant               |
| Regulation 34: Complaints procedure  | Compliant               |
| Regulation 4: Written policies and procedures  | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 10: Communication difficulties  | Compliant               |
| Regulation 11: Visits  | Compliant               |
| Regulation 12: Personal possessions  | Not compliant           |
| Regulation 13: End of life   | Compliant               |
| Regulation 17: Premises  | Not compliant           |
| Regulation 18: Food and nutrition  | Compliant               |
| Regulation 20: Information for residents   | Compliant               |
| Regulation 25: Temporary absence or discharge of residents                           | Compliant               |
| Regulation 26: Risk management   | Compliant               |
| Regulation 27: Infection control   | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services                                 | Not compliant           |
| Regulation 6: Health care  | Compliant               |
| Regulation 7: Managing behaviour that is challenging                                 | Not compliant           |
| Regulation 8: Protection   | Compliant               |
| Regulation 5: Individual assessment and care plan                                    | Substantially compliant |
| Regulation 28: Fire precautions  | Not compliant           |
| Regulation 9: Residents' rights  | Not compliant           |



# Compliance Plan for Sacred Heart Hospital OSV-0000654

Inspection ID: MON-0020940

Date of inspection: 27/03/2018 and 28/03/2018

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

| Regulation Heading  | Judgment                |
|---|-------------------------|
| Registration Regulation 4: Application for registration or renewal of registration  | Substantially Compliant |
| Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:<br>Garda Vetting is now complete on the DON and ADON and has been forwarded on to HIQA by the Data Control Officer on the 1 <sup>st</sup> May, 2018. Complete 1 <sup>st</sup> May, 2018.   |                         |
| Regulation 16: Training and staff development   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>Currently 68% of nurses, 63% HCAs are trained in Challenging Behaviour. Further training sessions (Capacity 20) on Challenging Behaviour is planned for the 3rd July, 2018 and 23 <sup>rd</sup> August, 2018 with priority given to Nurses. In regard to working toward a Restraint Free environment currently 77% of Nurses, 48% HCAs, are trained and another training day is planned for the 25 <sup>th</sup> May, 2018 and a date in September, 2018. In regard to Dementia Care 79% of Nurses, have attended courses in Dementia and ongoing training is available for Nurses/ HCAs on a continuing basis through the Centre for Nurse and Midwifery Education, whose schedule of training courses come out every 6 month and is accessible to all staff. Currently 9 nurses have completed the Post Grad in Gerontology in NUI Galway and two nurses are currently completing the course. Planned to be completed 23 <sup>rd</sup> August, 2018. |                         |
| Regulation 21: Records  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records:<br>As from now a copy of the transfer letter will be kept in the resident's medical file on the ward for all transfers and all Nursing staff have been made aware of this.<br>An inventory of resident's possessions is now completed on all residents. A copy is kept in the resident's care record and a copy is held by the resident. The inventory is  |                         |

|   |                                |
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| <p>completed with the resident and signed off by the resident or their representative where possible; where not possible the inventory is signed off by two members of staff. This record is updated once a year. Complete 18<sup>th</sup> May, 2018.  </p>   |                                |
| <p>Regulation 24: Contract for the provision of services</p>  | <p>Substantially Compliant</p> |
| <p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>I have reviewed the contract and done the changes as requested. All contracts now outline the additional costs incurred by residents for additional services, e.g. Hairdressing, Transport, and the details of the room in which the resident is accommodated. Completed 11<sup>th</sup> May, 2018  </p>  |                                |
| <p>Regulation 3: Statement of purpose</p>   | <p>Substantially Compliant</p> |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ol style="list-style-type: none"> <li>1.  The Statement of Purpose has been updated with the requested information, Bed Numbers, size and whether the area is an open bay or a bedroom with its own door into the corridor. Completed 11<sup>th</sup> May, 2018.  </li> </ol>  |                                |
| <p>Regulation 30: Volunteers</p>  | <p>Not Compliant</p>           |
| <p>Outline how you are going to come into compliance with Regulation 30: Volunteers: All volunteers are in the process of Garda vetting and will be Garda vetted within the next 6 / 8 weeks. Any volunteer who does not complete the Garda Vetting will not be able to volunteer in the SHH.  </p>   |                                |
| <p>Regulation 12: Personal possessions</p>  | <p>Not Compliant</p>           |
| <p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Currently sourcing alternative wardrobes and chest of drawers for all residents who have the old small wardrobes, if they so wish, some residents did not want to change their wardrobes when offered new wardrobes previously. New wardrobes and chest of drawers if needed will be obtained for all residents who want them by 30<sup>th</sup> September, 2018.  </p> |                                |
| <p>Regulation 17: Premises</p>  | <p>Not Compliant</p>           |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: In regard to the practice of equipment such as hoists, shower chairs and commodes being stored in resident's bedrooms and bathrooms, this practice has ceased and all such equipment is stored elsewhere on the wards, with one exception a resident with a specialised commode which is stored in his ensuite at his request. The reasons for same</p>                                    |                                |

is documented in his personal care plan. Complete 18/5/2018  
 All other issues pertaining to Premises, will become compliant with the new 50 bed unit which is being built as part of National Older Persons Service capital plan for 2017-2021

|                                  |                         |
|----------------------------------|-------------------------|
| Regulation 27: Infection control | Substantially Compliant |
|----------------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 27: Infection control:  
 The Infection Control Specialist Nurse in Roscommon University Hospital has opened her training session on every second Tuesday to the staff of the SHH starting the 5<sup>th</sup> June, 2018. Also Nursing Staff are currently completing the Introduction to Infection Control, HSEland online course. All Nursing Staff currently working in the SHH, will have completed this course by the 30<sup>th</sup> June, 2018, except for staff currently absent due to leave, they will complete the course on their return.  
 Hand hygiene training is ongoing and at the current time 77% of Nurses, 75% of HCA, have had an update in their training within the last 6 months. There are 4 Trainers in the SHH and this training will be done monthly going forward or more often if the need arises. All staff will have completed an update in Hand Hygiene by the 30<sup>th</sup> August, 2018.

|  |               |
|--|---------------|
| Regulation 29: Medicines and pharmaceutical services | Not Compliant |
|--|---------------|

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
 The Medication Policy in relation to medication errors was reviewed and updated. From now on any nurse involved in an medication error must not only complete the Medication Management HSEland online course, but must be supervised by the CNM to ensure competency in the safe administration of medication going forward. The nurse must be supervised in her administration of medication until she is assessed as competent in her practice by the CNM. Further training in relation to Medication management will be facilitated at the earliest opportunity for any nurse post medication error if deemed appropriate. Medication Errors will be discussed at Governance Meetings so that learning from same can be used to improve practice throughout the SHH.  
 The SHH is implementing a Competency Assessment for the Management of Medicines in Care Homes for all nurses to be completed yearly by a CNM.

|  |               |
|--|---------------|
| Regulation 7: Managing behaviour that is challenging | Not Compliant |
|--|---------------|

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  
 Currently 68% of nurses, 63% HCAs are trained in Managing Behaviour that Challenges. Further training session (Capacity 20) on Challenging Behaviour is planned for the 3<sup>rd</sup> July, 2018 and the 23<sup>rd</sup> August, 2018.

|                                     |                         |
|-------------------------------------|-------------------------|
| Regulation 5: Individual assessment | Substantially Compliant |
|-------------------------------------|-------------------------|

|  |               |
|--|---------------|
| and care plan  |               |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:<br/> Future training will be facilitated for all staff. All staff have signed off on the SHH Policy for the Management of Behaviour that is Challenging and un-met needs. This policy is a guide to practice and assists nurses in managing this behaviour that challenges and completing the ABC Chart which identifies the Triggers that cause or contribute to the behaviour.<br/> The CNME facilitates training in regard to Care Planning which is available to all nursing staff.  </p> |               |
| Regulation 28: Fire precautions  | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br/> All staff receives annual fire safety training updates with incorporated fire drill. The Fire Drill from now on will utilize staffing appropriate to Night Time scenario. Records are kept to monitor staff attendance. The next Fire safety training day with Fire Drill is booked for the 23<sup>rd</sup> May, and 13<sup>th</sup> June, 2018.<br/> The self closing door mechanisms have been ordered and these will be installed on arrival of part.  </p>   |               |
| Regulation 9: Residents' rights  | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:<br/> Regulation 9 will become compliant with the new 50 bed unit which is being built as part of National Older Persons Service capital plan for 2017-2021  </p>  |               |

## Section 2:

### Regulations to be complied with

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

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

| Regulation                        | Regulatory requirement   | Judgment                | Risk rating | Date to be complied with         |
|-----------------------------------|--|-------------------------|-------------|----------------------------------|
| Registration Regulation 4 (2) (b) | In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person in charge or intended to be in charge and any other person who participates or will participate in the management of the designated centre. | Not Compliant           | Orange      | 1 <sup>st</sup> May, 2018.       |
| Regulation 12(c)                  | The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.  | Substantially Compliant | Yellow      | 30 <sup>th</sup> September, 2018 |

|                     |  |                         |        |                                  |
|---------------------|--|-------------------------|--------|----------------------------------|
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training.  | Substantially Compliant | Yellow | 30th September, 2018             |
| Regulation 17(1)    | The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.   | Not Compliant           | Orange | 31 <sup>st</sup> December 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           | Yellow | 31 <sup>st</sup> December 2021   |
| Regulation 21(1)    | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.   | Substantially Compliant | Yellow | 18/05/2018                       |
| Regulation 24(2)(d) | The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement. | Substantially Compliant | Yellow | 11/05/2018                       |
| Regulation 27       | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.  | Substantially Compliant | Yellow | 30 <sup>th</sup> September, 2018 |
| Regulation 29(5)    | The person in charge shall ensure that all medicinal products are administered in accordance with the directions   | Not Compliant           | Yellow | 30th June, 2018                  |

|                  |  |                         |        |                               |
|------------------|--|-------------------------|--------|-------------------------------|
|                  | of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.   |                         |        |                               |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.  | Substantially Compliant | Yellow | 11 <sup>th</sup> May, 2018    |
| Regulation 30(c) | The person in charge shall ensure that people involved on a voluntary basis with the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. | Not Compliant           | Orange | 30 <sup>th</sup> June, 2018   |
|                  |  |                         |        |                               |
| Regulation 7(1)  | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.  | Not Compliant           | Red    | 23 <sup>rd</sup> August, 2018 |
|                  |  |                         |        |                               |