



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Hospital Castlebar
Name of provider:	Health Service Executive
Address of centre:	Pontoon Road, Castlebar, Mayo
Type of inspection:	Announced
Date of inspection:	15 March 2024
Centre ID:	OSV-0005730
Fieldwork ID:	MON-0042441

About the designated centre

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

Sacred Heart Hospital is a purpose-built facility completed in 2018 that can accommodate 74 residents who require long-term residential care. Care is provided for people with a range of needs: low, medium, high and maximum dependency and people who have dementia or palliative care needs. This centre is a modern two-storey building and is located adjacent to the original Sacred Heart Hospital premises. It is a short drive from shops and business premises in Castlebar. It is comprised of two self contained units. The Ross unit is located on the ground floor and the Carra unit on the upper floor. There is lift access between floors. There are 35 single rooms and one double room, all with full en-suite facilities, on each floor. The centre has a large safe garden area off the ground floor. This has several access points and was well-cultivated with flowers, trees and shrubs to make it interesting for residents. The philosophy of care as described in the statement of purpose is to use a holistic approach in partnership with residents and their families to meet residents' health and individual needs in a sensitive and caring manner while balancing risk with safety.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	67
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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
Friday 15 March 2024	09:00hrs to 17:00hrs	Michael Dunne	Lead
Friday 15 March 2024	09:00hrs to 17:00hrs	Celine Neary	Support

What residents told us and what inspectors observed

Residents living in this centre were supported to enjoy a good quality of life. There was evidence to show that residents were provided with choices in key aspects of their care and daily lives. This included discussions on what activities residents would like to engage in, the choice of food they would like and on how they would like their personal care support to be provided.

The inspectors spoke with several residents throughout the day and residents spoken with said that they enjoyed living in the centre. They added that staff were kind and caring. A selection of resident comments included " I dont want to change a thing" "Staff are very good". The inspectors reviewed a number of resident questionnaires which had been completed by residents and in some cases by their relatives. These questionnaires focused on residents' experiences living in the designated centre in relation to care, environment, activities, staff, meals and their overall comfort. The majority of responses reviewed were positive, with some responses indicating that they would like to see more staff in the centre and in one response a better choice of food.

A review of the designated centre's annual report of quality and safety for 2023 confirmed that residents and their families were consulted about the quality of services provided. As a result of this consultation improvement plans were identified for 2024 to maintain and improve upon the quality of services provided. There were robust communication systems in place to ensure that residents were kept informed regarding key events in the centre. There was good use of notice boards to update residents on the availability of activities, access to advocacy and on how to register a complaint. In addition, resident meeting records confirmed that residents were communicated with on a regular basis.

Following an introductory meeting with the person in charge and the assistant director of nursing, the inspectors were guided on a tour of the centre. The Sacred Heart Hospital is a two-storey purpose-built premises built around a large internal courtyard. The designated centre is located within the Sacred Heart Hospital and comprises of two units, the Ross unit, and the Carra unit. Resident accommodation is located on both floors, the Ross Unit is located on the ground floor and accommodates 37 residents in single bedrooms with ensuite facilities, Carra Unit is located on the first floor and provides the same level of accommodation and facilities. There was one twin room with ensuite facilities located on each unit.

Communal facilities were well maintained, corridors were decorated with murals and pictures of local places of interest that residents would be familiar with. There was a homely feel to the centre, care was taken to decorate communal spaces with ornaments and the provision of comfortable seating. Inspectors found some inappropriate storage of resident equipment in both units on the day of the

inspection which had the potential to impact on resident's enjoyment of their lived environment. Overall, the centre was clean and free from mal-odours.

The inspectors observed that residents were well-dressed and were found to be wearing well-fitting clothes and footwear. Residents were observed being supported by staff to attend to their personal care requirements. These tasks were carried out in a courteous, unhurried manner. It was obvious that staff were aware of residents' needs and that residents felt safe and secure in their presence.

There were a range of activities available in the centre which were advertised and promoted on a weekly schedule. Inspectors found that residents were provided with support to attend group activities or on a one to one basis if that was their preference. Activities available on the weekly schedule included aromatherapy, bingo, trips to the cafe, live music, film nights, reminiscence activities and interactive games.

Residents had unrestricted access to all areas of the centre. There is lift and stair access between the both units. Inspectors found that the provider had upgraded the garden area since the last inspection. This facility provided sufficient seating for residents to use, garden furniture included a gazebo, bird tables and raised flower beds. Pathways were well maintained to ensure residents could have safe access to all areas of the garden. There were a range of plants, flowers and shrubs which added to a calm and relaxed atmosphere.

Residents had access to televisions and radios in their bedrooms and in the communal lounges. Resident bedrooms were spacious and provided a range of storage facilities for residents to store their personal belongings. Newspapers and books were also available. The provider had upgraded their WiFi facilities since the last inspection which improved residents access to the internet and streaming services, although one area of the centre was awaiting upgrade.

There was visiting happening throughout the day with no restrictions in place. Some visitors who spoke with the inspectors gave positive feedback regarding the care their relatives were receiving. However, others mentioned that they would like to be more involved in the care planning process for their relatives.

The inspectors observed a more resident orientated meal service where meals were served according to residents preference. The dining experience was observed to be unhurried and meal times were well organised to ensure sufficient staff were available to support residents. The inspector observed that a choice of meals were offered as well as a variety of drinks. Meals appeared nutritious and appetising. The dining rooms was spacious with sufficient furnishings with one dining facility decorated with a feature wall mural.

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

Capacity and capability

This was a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. For the most part there were effective management systems in place which provided oversight to maintain these standards.

The management team were proactive in response to issues identified through audits with a focus on continual improvement. Inspectors found the provider had implemented actions to address non-compliance's found on the last inspection in July 2023. These improvements were found to have improved the lived experience for residents in the centre. In addition the provider had appointed a person in charge with the required experience and qualifications to lead and manage the service.

There were however some areas of current practice that required additional focus to ensure that existing systems identified all areas of the service that required improvement, these areas are described in more detail under Regulations relating to governance and management, notifications of incidents, statement of purpose and under the theme of Quality and Safety.

This was an announced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the actions the registered provider had undertaken following the findings of the last inspection.

The provider of the centre is the Health Service Executive. The person in charge facilitated the inspection and they were supported in their role by an acting assistant director of nursing and a team of clinical staff which included, clinical nurse managers and staff nurses. The General Manager for Older Person's Services for the community health area provided management support and guidance. Additional in-house support is provided by a team of health care assistants, household, catering, administration and maintenance personnel.

The provider had a range of management systems in place to review the service and this included a schedule of audits to monitor the quality of the service provided. There were a range of both local and regional management meetings which provided oversight of the services provided. Audits were carried out on a monthly basis and where improvements were identified an action plan was put in place. However some improvements were required in care planning and infection prevention and control audits.

While the provider maintained records in relation to restrictive practices, not all of the restrictive practices currently in use were reported to the Chief Inspector in the provider's quarterly submissions. While there was effective oversight of restrictive

practices by the provider, the non reporting of all restrictive practices did not provide a clear account of those currently in operation such as sensor alarms.

Records viewed by inspectors confirmed that there was a diverse schedule of training which was made available to the staff team. These records confirmed that staff had access to mandatory training which included training on fire safety, safeguarding of residents and manual handling. Other training that was available for staff included infection prevention and control and cardio pulmonary resuscitation training.

A review of the centre's rosters confirmed that there were sufficient numbers of staff available to meet the assessed needs of residents both during the day and at night. The registered provider had maintained staff numbers in line with the centre's statement of purpose. There was a full complement of staff in the centre on the day of the inspection. There were four vacancies for healthcare assistants on the roster which were been back filled by agency cover. The provider confirmed there were no other vacancies in the centre.

The registered provider maintained a log of complaints received from residents and from family members. A review of these records indicated that the provider was handling complaints in line with their complaints policy and procedure. The provider was keen to learn from complaints received in order to improve the quality of the service delivered to the residents with complaints reviewed regularly at management meetings.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

There was a person in charge in place who met the criteria set out under Regulation 14. They worked full time in the designated centre and provided management support for the rehabilitation unit located on the campus.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety which was provided on an annual basis, while training in manual handling and safeguarding was provided in accordance with the designated centre's policies. There was a range of supplementary training available for staff to attend such as wound management, medication management, dementia, infection prevention and control, dysphasia and cardio-pulmonary resuscitation (CPR).

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided however some improvements were required to ensure the oversight of care planning processes was effective.

Current arrangements to ensure residents and their families were actively involved in the development and review of care plans to meet residents assessed needs required improvement, this is described in more detail under Regulation 5.

- Care plan audits had not identified that these improvements were required and as a result there were no action plans in place to address this finding.
- Infection prevention and control audits did not identify poor practice with regard to the oversight of cleaning practices for resident handling equipment. Inspectors noted however, that the provider had updated their policies and procedures in relation to staff practices in this area during the inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose which was made available for inspectors to review which set out the information as required by Schedule 1 of the regulations. The statement of purpose was reviewed in March 2024 but there were a number of amendments required to ensure that this document provided an accurate description of the services provided.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While quarterly notifications were submitted to comply with schedule 4 of the regulations, a review of records pertaining to the use of sensor alarms confirmed that they were not included in the quarterly submissions to the office of the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy which was updated in November 2023 and described the steps to be taken in order to register a formal complaint. However the policy did not accurately reflect the changes brought in by SI: 628 effective from 01 March 2023.

A review of the complaint's log maintained by the provider indicated that there were no formal complaints received since the last Inspection in July 2023. There were a number of records from family members expressing their gratitude and satisfaction for the care and support provided to their relatives by the staff team.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had implemented policies and procedures on the matters set out in Schedule 5 of the regulation. There were outstanding updates required to the complaints policy which is discussed under Regulation 34.

Judgment: Compliant

Quality and safety

Overall, residents were provided with good standards of nursing and health care in line with their assessed needs. Throughout the day inspectors observed staff providing care and support to residents with kindness and compassion. The staff team appeared to know residents very well and this assisted in their ability to provide a person centred response. Inspectors noted that call bells were answered promptly and assistance was provided by staff in a timely manner. The availability of activities in the centre had improved, residents were supported to choose how to spend their time, by either pursuing their hobbies and interests on an individual basis or to attend the variety of recreational group opportunities that were available.

Visitors were welcomed to the centre and there was an open visiting policy. Visitors and residents could chose from several areas in the centre where they could meet with residents in private if needed. There was a sign in register in place for all visitors to complete and a digital temperature screening device that could be used when entering the centre. Other precautions included the requirement to complete hand hygiene tasks.

The premises was well maintained and the courtyard garden had been greatly improved since the last inspection. It was inviting and the pathways for residents to mobilise were safe and well maintained. Residents and the centre's pet dog could access the garden area freely throughout the day. There were several seating area's in the garden for residents and visitors to sit and enjoy.

The centre is a two storey building with 74 beds. The Ross suite is situated on the ground floor and the Carra suite is on the first floor. Both suites are self contained and have a main sitting room and dining area and other small seating areas. The Ross and Cara Suites each consist of 35 single en-suite bedrooms and one twin en-suite bedroom. Overall bedrooms are well proportioned with ease of access for residents. Inspectors observed that some residents had brought in personal items and photographs from home to decorate their bedrooms. Rooms can accommodate moving and handling equipment if required and the rooms were warm and bright. The layout of these bedrooms allowed sufficient space to have a bedside chair so they could sit beside their bed if they wished and residents had access and control over their personal possessions.

The centre lacked space for sufficient storage and communal rooms used by residents were used to store equipment such as wheelchairs, an exercise machine and a large weighing scales. This took away from the homely feel of these

communal seating rooms and inspectors did not observe any residents or visitors using these rooms on the day of inspection.

Residents who spoke with inspectors expressed great satisfaction with the food, snacks and drinks. Menu's were displayed for residents in the dining room and there was a choice available at all mealtimes. Residents were supported by staff to have their meals in a discreet, unhurried and dignified manner.

A Malnutrition Universal Screening Tool (MUST) assessment was performed on admission and every four months or more regularly if required. Residents were weighed regularly to monitor their weight and referred to a dietitian if there was a need identified. Supplements were readily available to residents when recommended by medical practitioners.

Comprehensive assessments had been completed for all residents on admission and reflected the needs of residents identified. Care plans were detailed and easy to follow. They were person centred and had been updated when there was a change to the residents condition and reviewed in a timely manner as set out in the regulations. However, there was no reference to the residents participation or family members in the assessments or care plans and the inspectors could not be assured that residents or family members were consulted as part of the care planning process.

Inspectors found the designated centre clean and bright. There were sufficient cleaning staff and equipment and supplies available of personal protective equipment (PPE). Cleaning staff spoken with demonstrated a good knowledge of cleaning processes, with appropriate separation of clean and unclean items during cleaning processes. Overall inspectors noted that staff had a good working knowledge of infection, prevention and control and observed staff performing hand washing appropriately between resident care, however the inspector observed one instance of poor hand hygiene technique which had the potential to spread infection in the centre. This was brought to the attention of the management team.

The centre had experienced an gastrointestinal outbreak in the days prior to the inspection which impacted five residents in the centre. Inspectors noted that those residents who were impacted were being cared for in their rooms and transmission based precautions were in use to provide care and support to these residents. The management team reported that the residents were stable and that contingency plans were working well in the management of the outbreak. Records confirmed effective communication was in place between the centre and public health teams who provided ongoing support and guidance.

The laundry facility was clearly segregated into clean and dirty zones and clean items were stored separately. Cleaning schedules were updated daily and there was adequate staffing resources daily to maintain a consistent service. The laundering of clothes was of a high standard and overall residents were satisfied with this service. Residents could choose to send their clothes home to be laundered by family members if that was their preference.

Fire exits were clear and fire equipment serviced accordingly. Staff spoken with by the inspectors were able to detail what they would do in the event of a fire. Personal emergency evacuation plans were completed and up dated accordingly. There were measures in place to actively promote fire safety in the centre, there were good levels of oversight in place which included the provision of regular fire safety training and the carrying out of simulated fire evacuations.

Medicines and pharmaceuticals were managed appropriately and staff were able to inform the inspector about their procedures for receiving and storing medications. This included the support of a pharmacist who provided an additional layer of oversight for residents medications and prescription charts. The inspector reviewed records relating to controlled drugs and were assured that these medications were checked daily by staff coming on duty and off duty, records confirmed that staff signatures were in place confirming these checks.

Residents were provided with good standards of nursing care and timely access to medical care to meet their needs. Residents were facilitated to attend out patient appointments for follow up as required. Residents' records and their feedback to the inspector confirmed that they had timely access to a medical practitioner from the local hospital service, specialist medical and nursing services including a tissue viability nurse specialist, community palliative care and psychiatry of older age. A physiotherapist and occupational therapist were available to assess and provide care to residents living in the centre.

There were clear procedures in place to protect vulnerable residents, for example all staff had a Garda vetting disclosure in place. Residents told the inspector that they felt safe living in the centre and would be comfortable speaking with any member of staff if they had any particular concerns. Residents were clearly comfortable in the presence of staff and staff and resident interactions were respectful and empathetic. Staff were able to tell the inspector what they would do in the event of a safeguarding concern being disclosed to them and the appropriate steps to take in maintaining resident safety. The provider maintained and updated their safeguarding policy in line with national guidance and facilitated staff attend regular training on safeguarding.

Residents were encouraged to exercise choice in many areas of their lives and were supported to undertake personal activities in private or to attend organised group activities. They were opportunities for residents to provide feedback on the quality of the services provided and residents were encouraged to participate in resident meetings and in resident satisfaction questionnaires. Independent advocacy services were available and information on how residents or families could access these services were clearly displayed on posters in the centre.

Regulation 11: Visits

Visits by residents' families and friends were encouraged and the inspector observed several visitors attending the designated centre during the day. Residents access to

their visitors was unrestricted and there were facilities available for residents to meet their visitor's in private in other locations apart from their bedroom.

The inspector spoke with some visitors who confirmed that they found the service to be well managed and that residents were well cared for.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that there were actions required to improve storage facilities in the designated centre, for example:

- Resident sitting rooms located in both Carra and Ross units were being used to store healthcare equipment used for residents rehabilitation needs.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector observed a mealtime service in the dining room and was reassured that residents were offered choice of meals and were provided with the required levels of support with their eating and drinking. Staff provided assistance to residents in a respectful and patient manner. Residents meals were served from a tray and placed onto the dining tables which were appropriately designed to meet the residents needs. Some residents chose to have their meals in their bedrooms and this was facilitated by staff. The food provided was observed to be wholesome and nutritious. Observations confirmed that portion sizes were sufficient. Residents who spoke with the inspectors said that they were happy with the quality and variety of food available in the designated centre.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy which met the requirements of the regulations. Overall risks were well-managed in this centre, in instances where hazards were identified, appropriate controls were put in place to either remove or reduce the identified risk. A review of incidents and accidents was carried out by the provider in an attempt to identify learning opportunities to improve the service to the residents.

Judgment: Compliant

Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority. This was evidenced by,

- A staff member was observed not adhering to transmission based precautions. This increased the risk of the spread of infection in the designated centre.
- There was no clear strategy for the storage or cleaning of equipment used in the transfer of residents. Hoist slings and handling belts found stored in the linen rooms did not have a record in place to confirm that they had been cleaned since they were last used.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire, suitable fire fighting equipment was available throughout the centre. Staff were knowledgeable and were familiar with the fire procedures to guide them in the event of a fire emergency. The designated centre had adequate means of escape which were clear and unobstructed on the day of inspection.

There were daily fire safety checks carried out and recorded accordingly. Emergency lighting was in place and regularly serviced. The inspector reviewed service records of fire equipment and was assured that this equipment was well maintained and in good working order. The fire register reviewed included assurances that staff had participated in recent fire drills in January, February and March of 2024.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was robust systems in place to support the prescribing, dispensing and administration of medicines safely in the centre. The inspector observed safe practice by nursing staff administering medication during the day. They explained their process and could clearly indicate and demonstrate how they cross checked

medication and administered safely to each resident. Medication was stored safely and the medication trolley was attended at all times. The centre had access to a pharmacist and medicines were received and recorded appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident care plans and found they included comprehensive assessments. However, the inspectors could not be assured that these care plans had been developed or reviewed in consultation with the residents or where appropriate with the residents family. There was an absence of records confirming that the above process was carried out in conjunction with residents or their families.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and health care and were referred and seen in a timely manner. However the processes in place for allocating a medical practitioner for residents did not ensure that residents had a choice of medical practitioner or could not retain their own general practitioner on admission to the centre if they wished to do so.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The inspector observed staff interactions with some residents who displayed responsive behaviours and found that staff had the knowledge and skills to respond and manage these behaviours in a kind and patient manner.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had taken all reasonable measures to protect residents from abuse. There was an up-to-date safeguarding policy in place which was well-known among the staff team. Staff demonstrated a good awareness in relation to their role in keeping residents safe and were aware of when to report a concern.

The provider acted as a designated pension agent for six residents. A review of records found that there was a robust and transparent process in place to ensure that residents' finances were safeguarded and that residents had unrestricted access to their monies.

A review of Schedule 2 records confirmed that staff had the required documentation in place to meet the requirements of Regulations.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had provided many facilities for recreation and residents had the opportunities to participate in a varied schedule of activities each day. Residents could avail of social activities in a group or in one to one sessions. These activities such as art, music, pet therapy and mass were in line with residents' interests and capacities and residents could exercise their choice to participate or not take part.

Residents could move freely throughout the centre and had access to several day rooms and a courtyard garden.

Inspectors reviewed minutes of residents' meetings held in the centre and were assured that residents were consulted and informed as part of the organisation of the designated centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sacred Heart Hospital Castlebar OSV-0005730

Inspection ID: MON-0042441

Date of inspection: 15/03/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Care plan audits have been redevised to now contain an action plan to address findings and improve on care planning audit results. A record of resident and family participation in Care Planning is kept at the front of each care plan section.</p> <p>As stated policies and procedures had been updated during inspection regarding spare slings. All slings now numbered and signed out when used for replacement (i.e. when residents own sling has gone for laundering) It is now documented and a log kept of laundering on return to stock slings.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has been amended and is now reflective of services provided.</p>	
Regulation 31: Notification of incidents	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: A review of NF39 submissions has taken place and Quarterly returns will now identify those residents that have sensor alarms.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: A full review of the complaints procedure has taken place and is now reflective of SI: 628.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Both Sittings rooms in the Ross and Carra have been cleared of all physiotherapy equipment.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The staff member has been spoken to and has completed IPC training.</p> <p>As stated policies and procedures had been updated during inspection regarding spare slings. All slings now numbered and signed out when used for replacement (i.e. when residents own sling has gone for laundering) It is now documented and a log kept of laundering on return to stock slings.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: A record of resident and family participation in Care Planning is kept at the front of each care plan section.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: New admissions will now be given the option of retaining their own General Practitioner if they so wish.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	26/04/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	26/04/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	26/04/2024

	associated infections published by the Authority are implemented by staff.			
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	26/04/2024
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	26/04/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	26/04/2024
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and	Substantially Compliant	Yellow	26/04/2024

	concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	26/04/2024
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	26/04/2024
Regulation 6(2)(a)	The person in charge shall, in so far as is reasonably practical, make available to a resident a medical practitioner chosen by or acceptable to that resident.	Substantially Compliant	Yellow	01/06/2024