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: | Sacré Coeur Nursing Home |
| Name of provider: | Sacré Coeur Nursing Home Limited |
| Address of centre: | Station Road, Tipperary Town, Tipperary |
| Type of inspection: | Unannounced |
| Date of inspection: | 20 February 2024 |
| Centre ID: | OSV-0000278 |
| Fieldwork ID: | MON-0041807 |

## About the designated centre

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

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

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

| | |
|---|---|
| Number of residents on the date of inspection: | 25 |

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

**1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

**2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Tuesday 20 February 2024 | 10:40hrs to 19:00hrs | Catherine Furey | Lead |

## What residents told us and what inspectors observed

The atmosphere in the centre was very relaxed on the day of the inspection.The inspector spent time speaking with residents and spoke with four residents in more detail, to gain an insight into their experience living in Sacre Coeur Nursing Home. The residents were unanimous in their compliments for the staff and management and said that "every detail was looked after" and "they are very kind and give us the help we need". Residents told inspectors that they liked living in the centre. Visitors spoke about the compassion and kindness shown to them and the residents by staff. Overall, the feedback given to the inspector was very positive in relation to life and care in the centre.

The centre is located in Tipperary Town. The main entrance was wheelchair accessible and led to a small enclosed foyer where the centre's risk management procedures of hand hygiene and a signing in process were located. Beyond this were the main areas of the centre used by residents. This awas accessed via a coded keypad. The majority of residents were able to use the keypad to access the centre. Those who were deemed unsafe to do so had a risk assessment in place. Directional signage was displayed throughout the building to orientate residents and visitors to the centre. The suggestion box and complaints procedure were displayed in the foyer. There was a large noticeboard with information for residents such as the activities programme, meal times and information on advocacy services.

There was one dining area and one main sitting room. Residents could also avail of a private visiting room. These were all located on the groud floor. There had been some decorative upgrades to this area since the previous inspection, for example the flooring in the sitting room had been replaced. There was a regular programme of maintenance and painting ongoing. All areas of the centre were visibly clean and tidy. Handrails were on both sides of corridors. Call bells were fitted in bedrooms, bathrooms and communal rooms.

The centre is laid out over two floors, with the first floor being a split level, with access to some bedrooms via steps. Only residents who were assessed as able to navigate the steps were accommodated in these rooms. Residents' bedroom accommodation was located on each level of the centre. Access to the upper floors was via stairs which were fitted with a chair lift. All residents residing on the upper floors are required to be able to use the stairs or the chair lift.The inspector observed that the majority of residents chose to use the chair lift with assistance of staff, and some walked independently up and down the stairs. Residents could personalise their bedrooms with furniture, photos, soft furnishings and other personal items according to their preferences. There was a lockable space available to all residents and there was adequate storage for residents to store their personal belongings in each bedroom. Residents were positive regarding their bedrooms and regarding the centre as a whole. Communal bathrooms and en-suite facilities observed by the inspector had sufficient space to allow residents to undertake their personal care activities independently or comfortably with assistance. In the

communal bathrooms however, the inspector observed that there was inappropriate storage of equipment. The lack of available storage space was discussed with the management team.

The centre's dining room is bright and beautifully decorated, with comfortable dining chairs and tabbles which were nicely laid for residents. The residents who enjoyed their meals in this room had a lovely dining experience. Nonetheless, the small size of the room meant that there was a limited number of residents who could be accommodated here. Menus were displayed detailing teh daily choices. The inspector saw that food was well presented. Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind, discreet and respectful. Overall residents were very happy with the food, snacks and drinks on offer.

There is free access for all residents to a well-mantained, mature garden. On the day of inspection the weather was poor, however residents told the inspector they loved to spend time outside when the weather was good. There were photographs of residents enjoying special occasions both inside and outside. Residents who smoked had access to a safe sheltered smoking area in the garden.

A programme of activities for residents was coordinated by a dedicated staff member, with a combination of large and small group, and one-to-one activities scheduled each day, ensuring the that recreational and occupational needs of the residents were met each day. The centre continued to ensure that residents were kept up to date with national and local news. On the day of inspection, residents and staff were discussing the upcoming national referendum, with some residents looking forward to casting their vote. The inspector observed that there were a number of individual and small group activities held by the activity co-ordinator throughout the day. The activity person also supported residents on outings to the local shops and cafe. Mass was celebrated regularly and residents told the inspector that this was important to them.

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 an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 (as amended). Findings of this inspection were that Sacre Coeur Nursing Home was a good centre where there was a focus on ongoing quality improvement. It was identified during the inspection that a number of notifications had not been submitted to the Chief Inspector in relation to incidents that occurred in 2023. Significant improvement was required in the oversight of the notification of incidents, to ensure that these were submitted in compliance with the timelines set

out in the regulations. Some actions were also required in relation to the premises, fire precautions, infection control, and these will be detailed under the relevant regulations of this report.

The registered provider is Sacre Coeur Nursing Home Limited. There are two company directors, one of whom is a registered nurse. Both directors are fully engaged in the running of the centre. There are clear governance and management arrangements and a defined management structure within this designated centre. The person in charge was on duty five days a week. She was supported in her role by an assistant director of nursing and a team of staff nurses. The assistant director of nursing deputised for the person in charge during any planned or unplanned absences. There was a system of on-call arrangements in place for out-of-hours management cover.

The inspector observed that the person in charge was well known by residents and visitors. Residents who spoke with the inspector complimented the management and staff and voiced their happiness and satisfaction with life and care in the centre. The centre's management structure had clearly defined lines of responsibility and accountability for all aspects of care provided. A schedule of audits of practice were in place, including clinical audits of wound care and residents' documentation such as care plans and assessments, and environmental audits. There was action plans devised based on the outcomes of audits with dates for completion. Nonetheless, no comprehensive review of the COVID-19 outbreak in April 2023 had been completed, as discussed under Regulation 23: Governance and management.

Residents were facilitated to provide feedback on the running of the centre through residents meetings and satisfaction surveys, and through informal conversations with staff daily. The annual review of the quality and safety of the service delivered to residents in 2023 was completed by the person in charge. The views and opinions of the residents and their families had been captured in surveys completed in October 2023 and were included in this review.

The provider engaged in regular governance meetings with the person in charge and the management team. The minutes of these meetings were viewed by inspectors and evidenced a commitment to enhancing and improving systems in place to provide a high level of care for residents. Subsequent to these meetings, the person in charge held meetings with the wider staff pool and the health and safety committee. There was evidence that staff were kept up to date with pertinent information and that all aspects of resident care were discussed.

The inspector identified, through a review of documentation, that a large number of notifiable incidents had not been submitted to the Chief Inspector, as required under the regulations. This was discussed at length during the inspection with the provider and person in charge. Findings in this regard are detailed under Regulation 31: Notification of incidents.

Records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the inspection. The inspector found that there

were adequate staffing levels provided for the size and layout of the centre and to meet the assessed need of residents. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff, catering, housekeeping, and administrative staff. Staff said that they felt well supported by the management team.

The inspector saw that while there was a low level of complaints in the centre, from a review of the complaints log and from speaking with residents, complaints were investigated and well-managed in line with the centre's own policy and procedures. Some minor improvements were required to fully comply with the newly-updated regulation concerning complaints, which is detailed in the report.

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

The registered provider had made a timely and accurate application to renew the registration of the centre.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge had been in post since 2014. She had the required qualifications and experience to fulfil the regulatory requirements of the role. She worked full-time in the centre and had good knowledge of the residents individual needs.

Judgment: Compliant

## Regulation 15: Staffing

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. The staff rota was checked and found to be maintained with staff working in the centre identified. The whole time equivalent staffing levels were in line with those in the centre's statement of purpose.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents was comprehensively maintained in line with Schedule 3 requirements.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had effected a contract of insurance which included injury to residents and other risks such as loss or damage to property.

Judgment: Compliant

## Regulation 23: Governance and management

At the time of inspection, assurances were not fully provided that the systems in place to ensure oversight of key areas of the service were safe, appropriate, consistent and effectively managed. For example;

- the inspector saw evidence in governance meeting minutes that incidents were discussed and reviewed to determine if the required notification had been submitted to the Chief Inspector. Despite this system in place, the oversight arrangements failed to identify that a number of mandatory notifications had not been submitted within the required timeframes
- the centre had experienced a significant outbreak of COVID-19 in April 2023. Following the outbreak, a checklist was completed which outlined what measures had been in place to minimise the spread of infection during the outbreak. While this checklist was helpful, it was overall learning around COVID-19 and did not encompass a full review of the outbreak, to determine learning from the events and to ensure preparedness for any further outbreaks. These were lost opportunities for learning
- the management systems in place to ensure oversight of the management of behaviours that challenge, fire safety, protection and residents' rights required review, as detailed in the report under the relevant regulations.

Judgment: Not compliant

## Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. It was found to contain all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

## Regulation 31: Notification of incidents

The inspector identified that a number of specific incidents had not been notified to the Chief Inspector, as required by the regulations;

- the deaths of 12 residents in 2023
- a serious injury to a resident that required immediate hospital treatment.

Judgment: Not compliant

## Regulation 34: Complaints procedure

The complaints procedure had been updated in alignment with S.I. No. 628 of 2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2023, which came into effect on 1 March 2023. Some further updates required to the complaints procedure included the following;

- the clear nomination of a specific complaints office and review officer
- the clear provision for a review of a complaint to be carried out within 20 working days
  the provision of training for both the complaints officer and the review officer.

Judgment: Substantially compliant

## Quality and safety

Residents were in receipt of a good standard of care in Sacre Coeur Nursing Home by staff that were kind and responsive. Residents spoke positively about the care and support they received from staff and told the inspector that they felt safe and happy. Notwithstanding the positive comments and feedback, the inspector identified that challenges in the size of the premises had the potential to impact negatively on residents' choice of areas to dine and spend time in. Furthermore,

action was required in relation to the management of behaviour that is challenging, protection of finances, infection control and fire safety which will be detailed under the relevant regulations.

The overall premises, was well-maintained and subject to regular decorative upgrades. Improvements since the last inspection included the replacement of the wooden floor in the sitting room and repainting to a number of areas. However, the small size of the premises was presented challenges, in particular in relation to the availability of communal and dining space for residents. The dining room in particular was only equipped to seat a maximum of 16 residents at four tables. On the day of inspection, only six residents used the dining room, and it was noted that there was only one mealtime sitting offered. The impact of the premises challenges is detailed under regulation 17.

Pre-admission assessments were conducted by a nurse manager, in order to ascertain if the centre could meet the needs of residents prior to admission. Residents were assessed on admission using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirements. Care plans were detailed and individualised and there was evidence that staff were knowledgeable about each residents' needs. Records identified that residents had access to medical and other allied healthcare professionals such as dietitian, specialist wound care and chiropody. These were available both in person and remotely.

The management of residents with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) required review. Inspectors found that the root cause of the behaviour was not identified and no plan devised to de-escalate the repeated behaviours of a resident.

There was an up to date policy on safeguarding residents from abuse and staff had access to relevant training. Staff spoken with by the inspector were knowledgeable of what to do in the event of suspicions or allegations of abuse. The provider was pension agent for three residents living in the centre, and while comprehensive financial balances were maintained, and regularly audited, action was required to ensure that residents' finances were fully safeguarded and held in a separate bank account.

The inspector observed that there were generally good procedures in place in relation to infection prevention and control. The centre was observed to be clean throughout. Staff were observed to abide by best practice in infection control and good hand hygiene. Effective housekeeping procedures were implemented and there was good oversight of these. The registered provider was the designated infection prevention and control lead within the centre, and was undertaking training in that regard. Some actions were required to comply fully with regulatory requirements, which are detailed under regulation 27.

The provider had fire safety precautions in place which included regular staff training and a comprehensive range of fire safety checks. Up-to-date service records

were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Simulated fire evacuation drills were conducted regularly including drills of a full compartment with minimal staffing levels and the use of the emergency escape stairs. There was an up-to-date risk management policy in place. The inspector reviewed the independent fire safety risk assessment which had been completed in March 2023 by a competent person, and saw that the majority of risks identified had been actioned. Two risks which required additional control measures are detailed in the findings of Regulation 28: Fire precautions.

Resident's choices were respected within the limitations of the physical premises. The centre had established an activities programme which was led by dedicated staff members. Regular resident meetings and informal feedback from residents informed the organisation of the service. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished.

## Regulation 10: Communication difficulties

The registered provider ensured that residents who had communication difficulties were supported to the best of their ability to communicate freely. Each resident who was identified as requiring specialist communication requirements, had these clearly documented in their individual care plan.

Judgment: Compliant

## Regulation 11: Visits

There were suitable arrangements in place for residents to receive visitors. The current arrangements did not pose any unnecessary restrictions on residents.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished. Residents informed the inspector

that they were satisfied with the arrangements in place for the laundering, and prompt return, of their clothing

Judgment: Compliant

## Regulation 17: Premises

While the overall premises were well-maintained, there was insufficient communal, dining and storage space in the centre. The impact of this was seen as follows;

- there is one sitting room in the centre. This cannot seat all residents at one time. Staff said that group activities were usually held in smaller groups for that reason
- the dining room contains 4 tables. On the day of inspection, 6 of the 25 residents attended the dining room for their meal, and occupied three of these tables. One resident in a high support wheelchair was assisted with their meal in the sitting room. All other residents had their meals in their bedrooms. This included some residents who were sat at their bedsides and could have been assisted to the dining room
- there were no dedicated store rooms for resident equipment. This led to equipment such as wheelchairs, hoists and linen trollies being stored in communal bathrooms. These rooms, while clean and tidy, were cluttered and presented a risk of cross-contamination.

Judgment: Substantially compliant

## Regulation 25: Temporary absence or discharge of residents

Records showed that when residents were temporarily discharged to another facility, all pertinent information about the resident was provided to that facility. A detailed transfer letter was used to capture relevant details. On return to the centre following the temporary absence, medical and nursing transfer letters were reviewed for any changes to the resident's care.

Judgment: Compliant

## Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under the regulation.

Judgment: Compliant

## Regulation 28: Fire precautions

A fire safety risk assessment, undertaken in March 2023 identified two minor issues which had not been actioned by the registered provider as follows;

- compressed gas storage such as oxygen was to be secured and signage attached, with segregation of full and empty cylinders. The inspector saw four loose oxygen cylinders outside, which were not secure or labelled
- lint should be regularly removed from the tumble dryer following each use, and this should be documented to provide assurance of same being completed. No records of lint removal were kept

Additionally, the overall storage of oxygen within the centre required review; one cylinder was located in the nurse's station upstairs, a high-risk area containing electrical equipment and paper files, and leading into the open stairwell. The second cylinder was located in a small "kiosk" area which was adjacent to the kitchen. Appropriate external storage of oxygen is preferable to minimise risk of fire should an oxygen cylinder leak.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Evidence-based assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with residents' and their families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The management of responsive behaviour displayed by residents was not always in line with the residents' individual care plan, or the centre's own policy on the management of behaviour that is challenging. For example;

- the centre's policy, and a residents' care plan directed staff to record all incidents of responsive behaviour in an ABC (antecedent, behaviour,consequence) chart. The purpose of these charts is to record patterns in behaviour, which are subject to analysis and review by staff and external health professionals such as the GP and psychiatry team. On 11 occasions, the repeated behaviour of concern was not recorded. The inspector acknowledged that the day preceding the inspection, this issue had been identified by the management team and was in the process of being addressed, and notes and ABC charts had been retrospectively documented and the resident referred for further review
- there were significant gaps in the checks of restraints such as bedrails. National guidance, and the centre's own policy outlines that these should be subject to regular safety checks

The above findings were despite approximately half of the staff completing recent training in responsive behaviours. A further group were scheduled to complete same on 7 March 2024.

Judgment: Not compliant

## Regulation 8: Protection

The registered provider was a pension agent for three residents. While residents' individual balances and financial records were maintained in ledgers and made available for the inspector to review, the actual finances were not held in a separate client bank account. This arrangement does not fully safeguard residents' finances.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in the their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents' meeting minutes, satisfaction surveys, and from speaking with residents on the day.

| |
|---|
| The lack of availability of communal space had the potential to impact on the rights and choices of the residents. This is detailed under Regulation 17: Premises. |
| 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 19: Directory of residents | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| **Quality and safety** | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 7: Managing behaviour that is challenging | Not compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Sacré Coeur Nursing Home OSV-0000278

## Inspection ID: MON-0041807

## Date of inspection: 20/02/2024

**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 | Not Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>A full review of Governance Procedures was undertaken to identify reason for non submission of Notifications within the required timeframe, this included an audit covering notifications tracing back to the last quarter of 2022 and the entire year of 2023.<br>Following the audit, procedural changes have been implemented to ensure the timley submission of Notifications going forward. A comprehensive review of Notification submissions will be conducted every quarter. A staff member from administration has been included in the process and added to the relevant subaccounts for notifications this person will support the PIC with the Notification Process.<br>The registered Provider will carry out a comprehensive review of the Covid Outbreak including management processes, to ensure preparedness for any further outbreaks and identify opportunities for learning. | |
| Regulation 31: Notification of incidents | Not Compliant |
| Outline how you are going to come into compliance with Regulation 31: Notification of incidents:<br>A full review of Governance Procedures was undertaken to identify reason for non submission of Notifications within the required timeframe, this included an audit covering notifications tracing back to the last quarter of 2022 and the entire year of 2023.<br>Following the audit, procedural changes have been implemented to ensure the timley submission of Notifications going forward. A comprehensive review of Notification sucmissions will be conducted every quarter. A staff member from administration has | |

been included in the process and added to the relevant subaccounts for notifications this person will support the PIC with the Notification Process

| Regulation 34: Complaints procedure | Substantially Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The Complaints Policy will be reviewed and updated to reflect the following : --
- the nomination of a specific complaints officer and review officer
- the provision for a review of a complaint to be carried out within 20 working days

Training will be organised for both the complaints officer and the review officer.

| Regulation 17: Premises | Substantially Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 17: Premises:
A comprehensive Audit and Review of Resident Access to Communal Spaces has been completed by the PIC and Registered Provider. This included discussions with residents and Nominated Representatives to assess their requirements for access to Dining and Sitting room facilities. Changes are being made to mealtimes and daily activity schedules and Management are satisfied that all residents needs for communal space access will be addressed.
All unnecessary equipment has been removed from the bathrooms and an alternative storage space for the hoist has been identified.

As part of the Audit and Review of Resident Access to Communal Spaces the registered Provider has engaged Architects S Carr & Associates to review the existing planning permission with a view to a modification to create additional communal space in Sacre Coeur. The steps are as follows
1. S Carr to review existing planning to identify modification
2. Preparation and submission of revised planning application
3. Costing and Financing of planning approval
4. Completion of works

| Regulation 28: Fire precautions | Substantially Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The four oxygen cylinders were awaiting collection by the Gas Company they have since been collected and removed from the premises.
A Health and Safety Consultant has been engaged to carry out a review of the storage of oxygen within the center. Changes to storage will be made to ensure compliance with Regulation 28

The cleaning records have been amended to reflect removal of lint from the dryers.

| 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:
The PIC has taken steps to ensure the accurate recording, monitoring and review of Responsive Behaviour's in the appropriate ABC Charts. The PIC will closely monitor staff compliance with documentation procedures in relation to the management of Responsive Behaviour going forward.

The PIC has reviewed and addressed issues in relation to staff recording of restraint checks. Measures have been put in place to ensure that monitoring is checked on each shift.

Training for staff in responsive behaviors is ongoing.

| Regulation 8: Protection | Substantially Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 8: Protection:
A designated separate Resident Current Account is being opened in BOI.

## 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 | 30/11/2025 |
| 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. | Not Compliant | Orange | 31/05/2024 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Substantially Compliant | Yellow | 31/05/2024 |

| | | | | |
|---|---|---|---|---|
| Regulation 31(1) | Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence. | Not Compliant | Orange | 03/04/2024 |
| 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 | 03/04/2024 |
| Regulation 34(2)(a) | The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints. | Substantially Compliant | Yellow | 31/05/2024 |
| Regulation 34(2)(d) | The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c). | Substantially Compliant | Yellow | 31/05/2024 |
| Regulation 34(2)(e) | The registered provider shall | Substantially Compliant | Yellow | 31/05/2024 |

| | | | | |
|---|---|---|---|---|
| | ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review. | | | |
| Regulation 34(7)(a) | The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures. | Substantially Compliant | Yellow | 30/06/2024 |
| Regulation 7(3) | The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. | Not Compliant | Orange | 03/04/2024 |
| Regulation 8(1) | The registered provider shall take all reasonable measures to protect residents from abuse. | Substantially Compliant | Yellow | 03/04/2024 |