

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Sacred Heart Hospital
Centre ID:	OSV-0000654
Centre address:	Golf Link Road, Roscommon.
Telephone number:	090 662 6130
Email address:	bridie.stephens@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Siobhan O'Sullivan
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	90
Number of vacancies on the date of inspection:	5

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 March 2017 09:30 To: 14 March 2017 19:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on the care of residents with dementia. The inspector also reviewed notifications received by HIQA and the response to action plans outlined following the unannounced inspection completed on 23 March 2016.

As part of the thematic inspection process, providers were invited to attend a seminar to inform them about the associated inspection process and evidence-based guidance was developed to provide information on best practice in dementia care. Prior to this inspection, a self assessment document was completed where the provider compared the service provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The centre can accommodate 95 residents who require long term care, periods of respite care or who have rehabilitation, convalescent or palliative care needs. There are five residential units, a day hospital and outpatient physiotherapy, occupational therapy, speech and language and dental services on the site. Residents with dementia are integrated with the overall resident population in each unit. Four units, St. Catherine's, St. Michaels, St. Joseph's and Our Lady's form the designated centre. This inspection focused on three units as residents in St. Catherine's did not have dementia as a dominant feature of their care needs. Approximately a third of residents in the units inspected had dementia or cognitive problems when this inspection took place.

The centre is located a short distance from the town of Roscommon. The premises are purpose built and residents' accommodation is on one floor. The atmosphere throughout was home like and comfortable. All units had communal sitting and dining space. In addition there were areas outside the units where residents could spend time quietly or entertain their visitors.

There were a number of dementia friendly features in each unit that included some domestic type furniture, curtains and memorabilia. Residents had space to walk around freely and there was good lighting and outdoor space. There was some good use of colour on walls and furnishings that added visual impact for residents with dementia or people who had sensory problems. Accommodation for residents is mainly provided in communal bedrooms that accommodate four residents. A plan to address this and improve privacy standards for residents is in progress. Bedroom areas were personalised with items such as photographs, ornaments and books.

The inspector met with residents and varied member of staff during the inspection. The care to residents with dementia was reviewed and the inspector also looked at aspects of care practice such as nutrition, wound care and falls prevention in relation to other residents. The inspector observed the delivery of care and staff/resident interactions using the validated observation tool, the quality of interactions schedule, (QUIS) to rate the quality of interactions between staff and residents. The observations took place in different communal areas and included times when scheduled activity was underway. The inspector also reviewed documentation such as care plans, staff training records, medical records and the complaints record. An inspection of the layout of the building was also undertaken.

The inspector found that residents were well supported by staff and that the interactions between staff and residents were positive and meaningful throughout the day. Staff talked to residents when in communal rooms and also visited residents that remained in the bedroom areas. No resident was left for any long period without personal contact from staff. Comments from residents and relatives who spoke to the inspector indicated that they were happy with the way care was delivered. Staff were regarded as "cheerful and friendly" and "always happy to help residents". The inspector found staff conveyed good knowledge on the individual ways dementia impacted on people and the value of knowing personal background details as this often helped with orientation and validation of feelings as well as in reminiscence activity.

In the pre-inspection self assessment document, the provider's judgement of substantial compliance concurred with the inspector's judgement in relation to health and social care needs. The inspector found that the wellbeing and welfare of residents including people with dementia were being met to a satisfactory standard in keeping with evidenced based dementia care practice. There were assessments of cognitive impairment completed when residents were admitted and there was a varied social care programme that residents valued.

There were policies and procedures in place to safeguard residents from abuse. All staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or were informed of any abuse taking place. The guidance for the protection of vulnerable adults produced by the Health Service Executive was available and staff had been trained to have designated officer responsibility in accordance with the procedures.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The areas that required attention included the premises issues most notably communal bedrooms, documentation to be held in respect of staff employed as full employment records were not available for some staff and improvements to fire training as no unannounced fire drills were conducted to support the annual training. Signage to the main facilities in the building that residents used regularly was also required.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents including residents with dementia is discussed in Outcome 3.

The centre accommodates residents on a long term basis and also for short periods for respite, rehabilitation, convalescence or palliative care. Approximately half of the residents accommodated had a diagnosis of dementia or some degree of cognitive impairment.

The inspector found that the wellbeing and welfare of residents including people with dementia were being met to a satisfactory standard. The inspector based this judgment on observations of the delivery of care and feedback from residents which indicated that the care provided reflected evidence based practice. This was confirmed in the information recorded in the care plans examined. The inspector tracked the journey of three residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents.

The inspector found that residents had pressure ulcer risk assessments completed on admission and these were regularly reviewed. Many residents were provided with pressure relieving mattresses and seating. Wound care management procedures were reviewed and were found to be satisfactory. One resident with a wound care problem which had been present on admission had recently been reviewed by a tissue viability specialist. The prescribed dressing regimes were in place and progress was recorded and monitored in the wound care assessment and review records. Gradual and sustained improvement was taking place. Nutritional assessments were completed and dietary supplements were added to promote healing where required. The inspector noted that there was guidance provided to staff on how to supplement diets to aid healing and the recommendations were being followed by staff.

There were systems in place to optimise communications between the acute hospital and the centre. Copies of transfer documentation to and from hospital in residents' files contained appropriate information about their health, medications and their specific

communication needs.

There were assessments that described dementia or confusion and an assessment of cognitive function was routinely completed to detect memory problems. The inspector noted that there was good quality information available to confirm residents' cognitive conditions, abilities, care needs and dementia related behaviours. The care plans and daily records provided a good outline of the care observed and delivered by staff to address residents' needs and they provided adequate guidance to ensure staff met identified needs in a systematic way. For example some residents were noted to require one to one care or to require time resting in bed and staff were ensuring that they were available to support residents as required.

Residents and their families, where appropriate, were involved in the care planning process and their contributions to critical decisions for end of life care and active interventions were recorded. Single rooms were available for end of life care and relatives were supported to be with residents during this time. There was space for them to stay overnight and facilities for making beverages were also available. Community palliative care services were available if required and inspectors saw that the interventions outlined for pain relief and comfort had good outcomes for residents. Doctors were noted to reviewed decisions made in relation to active interventions regularly and there was an ongoing training programme for staff on emergency and resuscitation procedures.

Residents had access to allied healthcare professionals. Physiotherapists provided assessment and treatment programmes on site. They also reviewed falls and had a lead role in the falls prevention programme. There were arrangements in place to review accidents and incidents and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls. Some residents who had experience of the physiotherapy service complimented the service and described how their mobility had improved. Many residents with complex care and mobility needs were assessed by occupational therapy services and had assistive wheelchairs and specialist seating to promote their comfort and mobility needs.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration or deficits in nutrition. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of hot meal at mealtimes. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The inspector observed the service of the lunchtime meal in one unit and found that staff made efforts to ensure that mealtimes were sociable and relaxed times for residents. There was good interaction between staff and residents while the meal time progressed. Residents who had swallowing problems were assessed expediently by speech and language therapists and there were recommended guidelines for the preparation of food to eliminate risk of choking or aspiration. However where communication problems were evident staff did not have access to specialist advice and guidance that could help them support residents to their maximum capacity.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. The medication administration and storage system was inspected. The details of all medicines to be administered were recorded and were in accordance with good practice guidance. There was an ongoing programme for medication management training and records viewed indicated that nursing staff attended training in the last three years.

There was a comprehensive programme of social care as described in outcome 3 and social care needs and the interests and backgrounds of residents were recorded in care plans to guide staff when planning the activity schedule.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Staff conveyed good awareness of the safety and protection measures in place to ensure that residents were appropriately protected. There were policies to guide and inform staff on how to address responsive behaviours and behaviours related to dementia and end stage dementia. Procedures for the management of restraint were also available. Policies were found to give clear instructions to guide staff practice. The inspector was told that where residents have confusion that additional supervision is provided to ensure that they do not intrude on other residents' space. Episodes of responsive behaviours and changes in behaviour were recorded in care plans. Contributory factors such as the presence of infection were explored and treated to reduce incidents of behaviour changes and ensure the well being of residents. Staff had received training on responsive behaviours and behaviour related to dementia since 2011 and refresher training was arranged annually. The training records viewed showed that staff that required refresher training had been identified for training later in 2017.

There were some bed rail restraints in use as a falls prevention measure and for security. There was evidence from a review of bedrail use that risk assessments were completed and their use was closely monitored. Alternative measures were put in place before a decision to use bedrails was considered. There was no restriction on residents' movements around the centre.

Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of

abuse was in place in accordance with national Health Service Executive (HSE) procedures. Staff spoken confirmed that they had received training on recognising abuse, and were familiar with the reporting structures in place. All allegations of abuse were reported, fully investigated, and measures were in place to ensure the safety of residents. The actions taken were described in the associated protection plans. Staff confirmed that there were no barriers to raising issues of concern. The Safeguarding Vulnerable Persons at Risk of Abuse documents were available and accessible to staff. Clinical nurse managers who had responsibility as the “designated person” had completed the training required for this role. Other clinical care staff had received training on the safeguarding policy and training was scheduled for ancillary staff. An advocacy service was available and was accessed regularly to ensure residents had independent advice and support.

This outcome was judged to be substantially compliant in the self-assessment and the inspector made a similar judgement based on the training that was ongoing for staff.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents including residents with dementia were consulted and actively participated in the organisation of the centre. Information was available in care records that indicated consideration had been given to people’s levels of capacity and their ability to make their own choices and decisions in relation to day to day life.

There were no restrictions on when residents could receive visitors and many residents were observed spending time with family or friends in the sitting areas throughout the day.

The inspector observed staff and resident interactions before mid-day and in the afternoon using the observation tool QUIS. These observations took place in the communal sitting and dining areas and were completed over selected time frames. All contacts were positive and there was a high level of engagement between staff and residents. The inspector saw that staff engaged residents in conversation whenever they were nearby. When moving around units and areas where residents were sitting they greeted residents warmly and took time to speak with them. Staff were familiar with residents' day to day personal care needs, family backgrounds and interests. A Key to Me document was completed to inform staff on these personal aspects of life. The

inspector noted that meaningful information to guide staff practice was recorded. There was information on what residents could do for themselves and this included for example if residents could to eat independently and what support was needed if not and if they could manage aspects of their personal care. For example one record conveyed that a resident was concerned about being turned when in bed as they feared falling and other records indicated that residents liked staff to speak slowly due to their hearing problems but that they didn't want to be ignored or left out because of this problem. Staff and residents discussed local news and events particularly news on the local radio.

Staff were observed to use the time they spent with residents to enquire about their well being, if they were expecting visitors and if they intended taking part in an activity. The observation exercises indicated that all interactions were of a positive meaningful nature and that staff knew residents and their preferred routines well. All residents including residents who spent the majority of time in bedroom areas had some interventions at regular intervals. No resident was left without engagement or stimulation for a long period of time.

During the mid day meal time the inspector observed that staff were available in adequate numbers to assist residents in a sensitive manner that promoted their dignity. The inspector observed staff offering menu choices to residents and reminding them about the food being served as the meal progressed. Residents were given plenty of time to have their meal and the inspector saw that the meal time was a pleasant social event. The inspector observed that staff talked to residents as they assisted them and checked that they had sufficient food. The care provided at meal times reflected a person-centred approach and that staff had appropriate knowledge to ensure residents had support that helped them maintain their independence, dignity and capacity.

There was a varied social and recreation programme. A member of staff was available on each unit to ensure social care opportunities were available. The person in charge told the inspector that a clinical nurse manager was due to take responsibility for residents' meetings and coordinating social care activity across all units. This it was hoped would assist in the development of a more varied programme and would ensure that the views of the more frail residents were represented at the residents' group. Residents told the inspector that they enjoyed particularly baking, music sessions that often took place spontaneously and the sonas sessions. Sonas is a sensory activity specifically aimed at the needs of people with dementia. Staff conveyed a good understanding of the needs of residents with dementia knew the stages of the disease and had completed training on dementia care.

Throughout the year birthdays were celebrated and there were seasonal activities organised around times such as St. Patrick's Day and Easter. The staff had developed good links with the local community. Pupils from local schools visit the centre and contribute to social activities. Residents told inspectors that there are regular outings and described going to see the film Brooklyn and to a meal at a local hotel.

Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in elections. Choices and preferences were respected daily. These were recorded and staff could describe the times that residents liked to get up and return to bed and when they liked to have quiet

or private time during the day. The inspector observed that residents could spend time in varied areas, could attend daily Mass, watch TV or take a nap when they wished. Newspapers including local papers and magazines were available. Many residents talked about the local news. There was some good signage to direct and enable residents with dementia to independently access toilets and communal areas and the inspectors was told that this will continue to be developed to ensure that it meets residents' needs.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A complaints procedure was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and addressed. The process included an appeals procedure. The complaints procedure was displayed and met regulatory requirements.

Residents the inspector talked to described how they would make a complaint and said they had confidence that staff would address concerns or complaints.

Complaints for 2016 had been audited by the assistant director of nursing. A range of matters had been addressed and included clothes getting mixed up, being unable to have a bath, items missing and residents being disturbed by others. Records showed that complaints made to date were investigated, concluded promptly and the information required by legislation in relation to Regulation 34-Complaints procedures was available.

There was an accessible advocacy service available and this had been accessed and had proved beneficial in a number of instances the person in charge reported.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was provided with the duty rota for a two week time span. The rota showed the staff complement on duty over each 24-hour period. The inspector found that the planned staff rota matched the staff numbers and skill mix on duty and was satisfied that staff allocations were appropriate to meet the needs of residents during the day and at night. This judgement was based on observations of care practice, staff interventions, feedback from residents and the availability of social activity. A clinical nurse manager is available on night duty to provide support and guidance to staff. There was however, a significant number of staff posts that were unfilled. Staff on planned leave such as maternity leave or staff who had retired/resigned had not been replaced. Some roles had been filled but the staff appointed had not yet commenced work. In addition there was unplanned illness leave. This meant that from time to time the number of residents who could be accommodated was restricted, agency staff were employed or existing staff undertook extra shifts. In all there were 10 posts unfilled. The inspector concluded that where such a considerable shortfall was present resources needed to be planned more effectively to ensure continuity of care could be maintained and to avoid staff having to spend time reviewing and reorganizing rotas. There were some staff transferred from other HSE centres to address the staff shortfall and the inspector noted that relevant staff records were incomplete did not have the a complete record of employment as required for staff working with vulnerable people.

Arrangements to achieve compliance with mandatory training for staff were in place. Staff had received up to date training in fire safety, safe moving and handling and the majority had received training on safeguarding vulnerable persons. Training to support professional development was also provided and included training on restraint management, dementia care and management of responsive behaviours. Staff had also attended training on falls prevention, hand hygiene, venepuncture, nutrition and capacity and consent. Staff interviewed were well informed about their roles. They conveyed informed views about how dementia impacted on day to day life for residents and the varied types and stages of dementia relevant to some residents

The rota indicated the person in charge had sufficient time for management and governance tasks and to support and supervise staff. There was an identified nurse at assistant director of nursing level and part time hours from a clinical nurse manager role to support the management and governance arrangements of the centre.

Systems to support communication between staff to enable them to provide safe and appropriate care were in place. There were daily handovers to ensure good communication and to promote the continuity of care from one shift to the next and there were regular staff meetings. Staff were familiar with the regulations and standards that underpin how designated centres operate and there were copies available for staff to access when needed.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre is comprised of five units St. Joseph's, St. Catherine's., St., Michaels, Our Lady's and the rehabilitation unit which does not form part of the designated centre. Previous inspection reports have outlined aspects of the premises that are not in compliance with requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The areas that have been noted to require attention included:

The majority of bedroom areas are multiple occupancy and accommodate more than two residents. This communal layout compromised privacy and the way staff could provide person centred care and

In some units bath and shower facilities in close proximity to bedrooms were limited which compromised how staff could provide appropriate standards of privacy.

These matters have been highlighted in previous inspection reports and the Health Service Executive has informed HIOA of plans to redevelop the centre to appropriate specifications. This work is scheduled for completion in 2021 in accordance with one of the conditions of registration for the centre.

There was an appropriate range of equipment for use by residents and staff which was maintained in good working order. Equipment, aids and appliances such as hoists, call bells, hand rails were in place to support and promote the independence of residents. Service records indicated that equipment was maintained in good working order. The centre was noted to be visibly clean and equipment such as commodes and hoists were clean and in good condition. The standard of decoration and maintenance was good. Colour schemes were attractive and helped contribute to a calm relaxed atmosphere throughout the units.

The inspector noted that bedroom spaces were personalised with photographs and items that residents wished to have by their beds. There was some signage to guide residents to areas such as bathrooms and toilets. However signage in general required review to enable residents locate facilities both in units and around the building. For example there was no indicators to guide residents to the church where Mass was said daily or to the physiotherapy areas that many used every day.

In addition to the space issues that require attention the following areas also require remedial action: The sitting room in Our Lady's unit was cluttered with varied items of equipment and activity material which detracted from the comfort of the area and there was a considerable number of electrical appliances in use in some office areas which required review due to the number plugged into limited sockets and the hazard created by trailing flexes.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Sacred Heart Hospital
Centre ID:	OSV-0000654
Date of inspection:	14/03/2017
Date of response:	27/04/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no access to specialist advice and guidance for staff if residents had communication problems to enable them to support residents achieve their maximum potential.

1. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:

Bridie Stephens, Director of Nursing (Person-in-Charge) has completed a Business Case for a Speech and Language Therapist for all HSE Residential Care Settings in Co. Roscommon. This has been approved by the CHO2 General Manager Siobhan O'Sullivan (Registered Provider) and Elaine Prendergast Head of Social Care CHO 2. It has to be approved by the Chief Officer of CHO2 and signed of by National Social Care Directive. If approved the post will be sent to National Recruitment for filling which will take a minimum of 3/6 months to fill.

In the mean time Bridie Stephens with the approval of Siobhan O'Sullivan is actively sourcing Private Speech and Language Therapist service (SALT) without success, no private SALT available in the Roscommon area at the moment. Bridie is also looking in to the possibility of SALT doing overtime, without success to date.

Proposed Timescale: 31/10/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some staff required training in safeguarding procedures.

2. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:

All staff will be trained in Safeguarding procedures by September, 2017. Currently allocating remainder of staff to study days over the next 3/6 months. In the mean time all staff are trained in Elder Abuse and are getting refresher courses in same.

Proposed Timescale: Completed by September, 2017

Proposed Timescale: 30/09/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staff resources required review and more effective long term planning to ensure continuity of care. There was a substantial scheduled staff absence due to maternity leave, retirements and resignations. This shortfall taken together with unplanned and unexpected absences due to illness was covered by short term measures which took a significant amount of time to organise and plan.

3. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

Bridie Stephens has applied for relief for Staff Nurses on Maternity leave, who are not due back until October, 2017. Approval has been granted for same and the National Recruitment Service is actively sourcing staff nurses to fill the vacancies.

Bridie Stephens and Siobhan O'Sullivan are working with HR in regard to the staff vacancies due to delays in releasing people of the transfer list.

Agency HCA are currently employed and hope to be changed over to Temporary Contract from the Current Panel for Roscommon within the next 2/3 months.

Approval is sought for replacement of all staff who resign or who are expected to be absent on a long term basis

SHH Roscommon like most units in Ireland is impacted by the national shortage of nursing staff

Proposed Timescale: July, 2017 approximately

Proposed Timescale: 31/07/2017

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While the majority of required schedule 2 records were available for staff, there were records where a full employment history was not available for staff working in the centre.

4. Action Required:

Under Regulation 21(1) you are required to: 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.

Please state the actions you have taken or are planning to take:

Bridie Stephens has spoken to all new transfers in relation to their prior work history and the file are being updated currently.

Proposed Timescale: 30/06/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was a lack of signage throughout the centre to guide residents to the main facilities and to support residents with memory problems to find their way around.

5. Action Required:

Under Regulation 17(1) you are required to: 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.

Please state the actions you have taken or are planning to take:

At the moment temporary laminated directional signs are in place while discussion is ongoing as to the size, colour and placement of the signs within the premises takes place. Once agreement is reached in regard to above the signs will be ordered and installed.

Proposed Timescale: 31/07/2017

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The sitting room in Our Lady's unit was cluttered with varied items of equipment and activity material which detracted from the comfort of the area. There was a considerable number of electrical appliances in use in some office areas which required review due to the number plugged into limited sockets and the hazard created by trailing flexes.

6. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

The CNM2 in Our Lady's ward with her staff is currently reviewing the sitting room in

relation to reducing clutter and storing equipment elsewhere.

The Maintenance Foreman with the Electrician are reviewing the availability of sockets in the office, they have installed an extra double socket already and are assessing the situation in light of that. In regard to the issue of trailing flexes they are reviewing same in order to reduce the hazard caused.

Proposed Timescale: 31/07/2017