



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Sacred Heart Nursing Home
Name of provider:	Sacred Heart Nursing Home Limited
Address of centre:	Crosspatrick, Johnstown, Kilkenny
Type of inspection:	Announced
Date of inspection:	16 July 2019
Centre ID:	OSV-0005557
Fieldwork ID:	MON-0022881

About the designated centre

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

This centre has been managed by the registered provider since 1984 and has undergone a number of considerable extensions and improvement works since then. The provider is Sacred Heart Nursing home Limited, which is a family run limited company. The centre is situated in a rural setting approximately 1.6kms from Crosspatrick, 3.9 kms from Urlingford and 3.7 kms from Johnstown. The centre provides care and support for both female and male adult residents aged over 18 years. The centre provides care for residents with the following care needs: general care, respite care, conditions associated with advancing care, and dementia specific care. In addition, the service provides support and care for residents with mental illness, or residents in need of rehabilitation and convalescent services. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. The centre also supports some residents who have been assessed as independent. There is a Senior Occupational Therapist based on site who works as part of the management team of the centre. The centre currently employs approximately 38 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, activities and maintenance staff. Resident's private accommodation is provided in three wings. It comprises of a total of 23 single bedrooms with ensuite facilities, two twin bedrooms with ensuites, two single bedrooms without ensuites, three twin-bedrooms without ensuite, three three-bedded rooms and one four bedded room without ensuites. All bedrooms have flat screen TV's, telephone points, wash hand basins and are wheelchair accessible. There is a small oratory that is available to residents for quiet reflection and prayer. There is a treatment room, a separate kitchen located off the main dining room and a laundry room. There is also a large sitting room, a second smaller sitting room, three dining rooms, and a smoking room complete the accommodation in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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
16 July 2019	09:35hrs to 17:30hrs	Liz Foley	Lead
17 July 2019	08:40hrs to 14:30hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Residents told the inspector they were happy and very well cared for in the centre. Some residents who could not express their own opinions were represented by family members. In addition to speaking with residents, the inspector reviewed 12 satisfaction questionnaires which were returned as part of this announced inspection, four from residents and eight from family members.

All staff including the provider and management team were highly complimented by residents and family members. All staff were approachable, friendly, caring and responsive to residents' needs. Residents enjoyed the homely and welcoming atmosphere in the centre and said their visitors were always welcome. Residents said their call bells were answered promptly and that staff were always respectful. Where a complaint or concern was made, it was dealt with satisfactorily. Residents choice was always respected. The choice and quality of food was good.

Social aspects of life in the centre were complimented, with residents enjoying a variety of activities. Music, art, knitting, skittles and outside activities were particularly popular. Some residents described the service as excellent and family members commented that the wellbeing of residents had improved since they came to live in the centre. Families were reassured that their loved one was well cared for and enjoyed visiting the centre.

Capacity and capability

This was an announced inspection over two days to monitor ongoing compliance with the Care and Welfare Regulations 2013. Prior to the inspection unsolicited information had been received by the Chief Inspector in relation to poor communication within the service. The inspector followed up on this information and did not find any evidence to support this.

The centre was family owned and managed with good governance structures in place. The person in charge worked full time in the centre and was supported by an operations manager who was also a qualified occupational therapist. The registered provider nominee was also available in the centre daily and supported the care and management of residents. Systems were in place to monitor the quality and safety of the service and these informed ongoing improvements. The inspector found that the quality of care, and experience of residents, was monitored and reviewed on an ongoing basis. The inspector saw that the annual review of the quality and safety of care was completed.

The centre was well resourced with sufficient staff on duty to care for the assessed needs of residents. There were ongoing difficulties with the recruitment of health care assistants, however this did not impact on the care of residents. Nurses were replacing vacant health care shifts and ensuring the quality of care for all residents was maintained. There were ongoing recruitment efforts to replace the vacant posts and sustain staffing levels. Review of housekeeping hours was required in light of the findings under infection control, regulation 27. All staff were aware of their roles and responsibilities and demonstrated competence around safeguarding, fire evacuation and person centred care.

Training was provided for all staff and mandatory training included safeguarding, fire safety, infection control, manual handling. All staff were up to date with training and ongoing training was scheduled, for example, training in restrictive practices was scheduled for August.

There was a proactive approach to risk management. An action in relation to smoking risk assessments had been completed since the last inspection. The risk management policy was compliant with the regulation and good practices were found around identifying risks and investigation adverse incidents. The exception was risk identification in relation to fire containment- this is discussed under regulation 28 Fire precautions. Improvements were required in the reporting of notifiable incidents to the Chief Inspector, one incident relating to injury to a resident had not been reported. The provider submitted this following the inspection.

The statement of purpose had been reviewed and changed in line with recommendations made at the last inspection. Further improvements were required to ensure there was sufficient information on room descriptions, the arrangements to cover for absences of the person in charge and the whole time equivalent staff numbers. Improvements were also found in the contract for the provision of services. The provider had plans to review this further to bring it in line with new Competition and Consumer Protection Commission guidelines.

There was good oversight of complaints management in the centre. Complaints were robustly investigated and where a complaint was upheld action plans were in place to address failings. The satisfaction of the complainant was documented and records were maintained separately and distinct from the residents care plan. Learning from complaints informed quality improvements.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience in the area of nursing older people and works full-time in the centre. There was evidence that the person in charge was engaged with continuous professional development. Throughout the inspection the person in charge was observed meeting with

residents, visitors and staff.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff were found to be appropriate to the assessed needs of the residents and the design and layout of the centre. There was a minimum of one registered nurse on duty 24hrs per day. The provider confirmed that all staff had Garda vetting disclosures in place prior to taking up employment.

There was ongoing recruitment efforts and commitment from the registered provider to fill vacant Health Care Assistant posts; the vacancies had not impacted on the care and welfare of residents. Caring shifts were being filled by nursing staff and high standards of care for all residents had been maintained.

Recruitment efforts were ongoing to ensure that all vacancies were filled.

There were adequate staff employed to meet the nursing and care needs of residents. However the household staffing levels required review to ensure that appropriate standards of cleanliness were maintained within the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector viewed the training matrix and all staff were up to date with mandatory training. There was an extensive list of mandatory training which included manual handling, fire training, safeguarding, infection control and hand hygiene. Training is regularly reviewed and is ongoing, for example, restrictive practices training is planned for August.

Judgment: Compliant

Regulation 22: Insurance

An valid and up to date contract of insurance against injury to resident was in place.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources in place to ensure the effective delivery of care in line with the centre's statement of purpose. There were clear management structures in place and all staff were aware of their respective roles and responsibilities. The person in charge was an experienced nurse manager who worked full time in the centre and was supported by a clinical nurse manager and a care team. The operations manager was a qualified occupational therapist who also worked full time in the centre.

Management systems were in place to monitor and evaluate the effectiveness of the service. These systems informed ongoing quality improvements in the centre. There were monthly management meetings with evidence of action plans. Regular staff meetings were held with various grades of staff. Staff told inspectors that the management team were always available and supportive with any concern or suggestion. The annual review of the quality and safety of care for 2018 was viewed by the inspector and found to have been prepared in consultation with the residents' and/or their families'.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The contract for the provision of services had been improved since the last inspection and now contained details of the room number and the number of other residents in the bedroom to be occupied. Details of additional fees to be charged were also clearly outlined. The registered provider had plans in place to review this contract to bring it in line with new Competition and Consumer Protection Commission guidelines.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been improved since the previous inspection and was currently being updated to reflect further changes in the service. Some of the room descriptors required more information and the arrangements for managing the centre when the person in charge was on leave needed to be stated. Whole time equivalent posts did not reflect what was on the roster and required review.

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers attended the centre to enhance the quality of life of residents . All volunteers had Garda vetting disclosures in place and had their roles and responsibilities set out in writing.

Judgment: Compliant

Regulation 31: Notification of incidents

The quarterly report in relation to the occurrence of incidents set out in paragraphs 7(2) (k) to (n) of Schedule 4 had been submitted as required to the Chief Inspector. Incidents set out in paragraph 7 (1) (a) to (j) were submitted within the three day notification period, however one incidents of serious injury to a resident had not been notified to the Chief Inspector as required.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre, this was displayed in the reception area. There was a nominated person who dealt with complaints. Complaints were viewed by the inspector and included information about the nature of the complaint, investigation of the complaint and action plans to address the complaint. Level of satisfaction of the complainant were documented. Residents and family members told the inspector they would know how to make a complaint if warranted and felt supported by all staff to do so.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were available in the centre. The registered provider was in the process of reviewing and updating some of these policies in line with the regulation and best practice.

Judgment: Compliant

Quality and safety

The service promoted a person centred approach to care which focused on the preferences of the individual. Residents needs were comprehensively assessed and care plans guided staff on the detailed care and choice of all residents. Residents were regularly consulted with about their care. If a resident was unable to elicit their preferences, their next of kin or care representative was consulted with and care was planned in conjunction with the residents GP in the best interest of that resident. Nursing care was evidence based and subject to regular review at a minimum of every four months or sooner if required. Care observed was person-centred, respectful and staff were very familiar with residents needs.

There was a good standard of healthcare provided to all residents. Residents were supported to access GP services and this service was further enhanced by the support of specialist psychiatry of old age and palliative care services where appropriate. Access to allied health services was via referral, for example, chiropody, dietician, optician, speech and language and these services were available in the centre. Physiotherapy was provided on site on a twice weekly basis and occupational therapy was available in the centre. Residents were supported to access national screening programmes and services entitled to them under the general medical services scheme.

Residents with dementia who had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well cared for in the centre. Behaviours were assessed and analysed and a consistent approach to management resulted in better outcomes for residents. Where residents required extra interventions for example restrictive practices, these were always risk assessed and the least restrictive options used. Restrictive practices were monitored and residents' safety was protected. However the impact of environmental restrictions on residents that did not need restrictions had not been considered and required review.

Residents felt safe in the centre and all staff had received training in the prevention detection and response to abuse. All staff in the centre had a valid Garda Vetting disclosure in place. The centre managed pensions for some residents and this was done in line with the department of social protection guidelines.

The centre was suitably furnished and bedrooms were personalised. Communal areas had comfortable seating and equipment for recreation was available. Residents artwork and photos of special events were seen throughout the building.

The sluice room was found to be unclean on the day of inspection. Commodes and cleaning equipment stored in this are were also unclean. There was a high risk of transmission of healthcare-associated infection to both residents and staff. While staff were aware of the need to decontaminate shared equipment resources were

not readily available and this influenced poor work practices. The cleaning schedule and environmental audit required review to ensure arrangements were in place for the cleaning and disinfection of all areas of the centre and all equipment in line with best practice and the national standards. There were good hand hygiene facilities available and staff were observed practicing hand hygiene appropriately. There were good practices observed around laundry and waste management.

Medication management practices required review to ensure timely administration of medicines to all residents. Policies were in place to support nurses with medication management and medicines were stored securely in the centre.

Residents rights and choice were respected. There was a variety of recreational and occupational activities offered to residents based on their assessed needs and preferences. One to one activities were offered to residents who were unable to participate in groups. Residents were supported to exercise their civil, political and religious rights. Volunteers attended the centre and enhanced the quality of life of residents through inclusion and participation in social and religious events. Residents were involved in the organisation of the service and could access independent advocacy services if desired.

Regulation 17: Premises

The centre was designed and laid out to meet the needs of residents. There were adequate communal spaces and bedroom configurations were 25 single bedrooms, five twin rooms, three triple rooms and one four bedded room.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy detailed the arrangements for the identification, assessment and control of hazards in the centre. There were policies and control in place for specified risks such as abuse, unexplained absence of any resident, accidental injuries, aggression and violence and self harm. The documentation of investigation into incidents and adverse events was comprehensive and included any learning identified.

The risk associated with smoking on individuals is now quantified and documented, this was an action from the previous inspection. There were very good examples of clinical risk assessments for residents for example nutritional and falls risks assessments. Controls were in place where the risk could not be eliminated and these controls were regularly reviewed and updated. The risks associated with infection control had not been identified; this is discussed under regulation 27

Infection control.

Judgment: Compliant

Regulation 27: Infection control

Procedures for the prevention and control of healthcare associated infections in the centre required review. The sluice room in the centre was found to be unclean on the day of inspection, there was visible dirt on all surfaces including the sink, floor and the bed pan washer. Commodes stored in the sluice room were also visibly dirty. There was no hand soap in the soap dispenser and no personal protective equipment (PPE) such as disposable gloves or aprons available for staff in this area.

Staff were aware of the need to clean shared equipment between use, however solutions and equipment required to perform this task were not readily available to staff. There was a high risk of cross transmission of infectious agents to residents who shared commodes and whose commode was stored in the sluice room.

The cleaning schedule in the centre was vague and indicated that the sluice room was deep cleaned fortnightly and commodes weekly, however this was not consistently documented. This schedule required review to ensure arrangements were in place for the cleaning and disinfection of the centre and equipment in line with the national standards.

An environmental audit completed in May 2019 which included the sluice room did not identify any risks associated with the cleaning schedule, transmission of infection to residents and staff from poorly decontaminated equipment or from poor work practices. This audit required review to ensure it was effectively identifying actual and potential risks and effectively informed ongoing safety in the centre.

There were good practices in place for the management of laundry and waste. Facilities were readily available for staff to perform hand hygiene.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider did not have adequate arrangements in place to contain the spread of fire. Bedroom doors and the smoking room door did not have automatic closing devices. These are important as they can delay the spread of fire and allow time to evacuate residents in the centre. Most bedroom doors were found to be open or ajar throughout the centre. This was discussed with the person in charge and required immediate review. The registered provider submitted information following the inspection which failed to assure the Chief Inspector that fire would be

adequately contained in the event of a fire.

The centre had records of four simulated fire drills completed since January 2019. These drills simulated both daytime and night time staffing levels and demonstrated good evacuation times. Annual fire training was completed by all staff. Personal evacuation plans were available for all residents in the centre and had information on the residents level of cognition and supervision needs post evacuation.

The registered provider had arrangements in place for the maintenance of the centre's fire alarm and detection system which had been serviced quarterly and was subject to weekly testing. Arrangements were also in place for quarterly servicing of emergency lights throughout the centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions, however review was required to ensure medicines were administered in a timely manner. There was one nurse allocated to ensure the safe administration of medicines to 43 residents on the day of inspection. As most prescription orders indicated the same administration time period it was unclear how one nurse would achieve timely administration for all residents.

Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were comprehensive and described the care required to meet the needs of residents. Potential residents were assessed prior to admission to ensure the centre could meet their needs. A comprehensive nursing and social care assessment was completed on all residents within 48 hours of admission. Continuous re assessment of residents needs' was completed on a four monthly basis or sooner if warranted. Residents were regularly consulted with about their care needs and where a resident lacked capacity their care representative or next of kin was consulted with. Care plans were very person-centred and reflected the care provided.

Judgment: Compliant

Regulation 6: Health care

There were good standards of healthcare provided in this centre. There was good access to local GP services and some residents retained the services of their own GP. Residents were supported to access national screening programmes and other allied health care services as required, for example, dietician, occupational therapy, chiropody, specialist wound care, dentist, audiology and optician services. In addition to this the operations manager was a qualified occupational therapist. Nursing care was evidence based and reflected the residents choice and preferences. Specialist services like psychiatry of old age and palliative care provided very good support to residents on site.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Some residents had responsive behaviors (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Behavioural assessments were completed and informed an holistic approach to managing residents' responsive behaviours. This approach resulted in an improved quality of life for these residents through a reduction in the number and intensity of episodes of responsive behaviours.

The centre maintained a restrictive practices register which outlined practices in use that could impact on the freedom of a resident. Where restrictive practices were in use they were risk assessed, alternatives were trialled and least restrictive options were used. The front door of the centre opened out onto a large landscaped car park with both step and ramp access. The front door was locked by a key-coded system and a sample of residents that could leave the centre independently told the inspector they did not have the code to the door. These residents were assisted by a staff member to open the front door. Some residents who had safety needs and were assessed as being at risk of leaving the centre wore movement sensor devices. These devices prevented the resident leaving the centre by interacting with the magnetic locking device on the door when the resident was within reach of the door. In addition to these devices and the key-coded door lock a staff member was supervising residents in the reception/sitting area for long periods of time every day. While all of these measures were in place to protect vulnerable residents, the impact of the restrictions had not been considered on those residents that did not need restrictions and now required review.

Judgment: Substantially compliant

Regulation 8: Protection

There was a policy and procedures in place for the prevention, detection and response to allegations or suspicions of abuse. Training records indicated that all staff had completed up-to-date training in the safeguarding of residents and were competent in the procedure for reporting suspected abuse.

The centre was a pension agent for some residents and robust arrangements were in place to safely manage these monies in accordance with the Department of Employment Affairs and Social Protection guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights and privacy were respected in the centre and the ethos of care was person-centred. Residents were supported and facilitated to be independent and autonomous in line with their abilities. There was access to daily papers, television and radio. Volunteers visited the centre and enhanced the quality of life of residents through activities, religious and social events.

Residents attended regular meetings and were involved in the organisation of the service. There was access to independent advocacy through the national advocacy service.

A varied activity programme was in place in the centre. A review of social care plans demonstrated that this programme was informed by comprehensive assessments of residents' preferences, interests and capabilities. Residents particularly enjoyed live music sessions, bingo, accessing outdoor areas for leisure and walks. Those residents that could not participate in groups were provided with regular one to one activities based on their assessed needs and abilities.

Residents were supported to exercise their civil, political and religious rights.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sacred Heart Nursing Home OSV-0005557

Inspection ID: MON-0022881

Date of inspection: 17/07/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Housekeeping hours have been reassessed, and appropriate adjustments have been made to housekeeping duties. Two additional hours per day have been dedicated strictly to housekeeping.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose and function has been reviewed and updated accordingly. This was completed by 1/08/2019.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The incidents have been reported to HIQA on the 17/07/2019. In future, all incidents will be reported. Handover of all incident will be taken by the ADON each morning. These will be discussed with the DON, and any incident which meets the criteria will be notified to HIQA by the DON.	

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Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

Housekeeping hours have been reassessed and appropriate adjustments have been made to housekeeping hours. Two additional hours per day have been dedicated strictly to housekeeping.

All Housekeeping staff have previously completed training in infection control within the last 12 months. Additional on the ground training in infection control is being scheduled for Q4 2019.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The nursing home has always been committed to fire safety. The nursing home fire plan has considered that there are no door closures on the bedroom doors, and it is within the plan that the staff close the doors in the event of an evacuation. Every staff member has received mandatory staff training, and this has been thought during training and is on display throughout the nursing home.

Door closures are in place in all high-risk areas including the kitchen, laundry rooms, smoking room, and dining rooms. They are not in place on bedroom doors and never have been an issue previously with HIQA or the fire officer. They are not in place as they cause great difficulty for elderly residents and residents with mobility difficulties to independently open their door.

The different options of door closures are being researched for the bedrooms, and we are arranging for companies to bring samples for review. We have discussed door closures with residents, and some are very reluctant as they like their doors open. We also do not want the door closures to restrict the resident's ability to access their bedrooms independently.

We are going to complete a review with our fire engineer before choosing the door closures to ensure they are appropriate for our doors and our residents. The plan is to have this completed by the 30th of September 2019. We will then be putting a plan in

place to install the most suitable door closures on bedroom doors and plan to have this in place by 31st of December 2019.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The nursing roles have been reviewed, and two different nurses are now completing the administration of daily medications. Completed since 18th July 2019.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	18/07/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	18/07/2019
Regulation 28(2)(i)	The registered provider shall	Not Compliant	Orange	31/12/2019

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Yellow	18/07/2019
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	01/08/2019
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.	Substantially Compliant	Yellow	18/07/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in	Substantially Compliant	Yellow	26/08/2019

	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.			
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