<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sacred Heart Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000648</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Pontoon Road, Castlebar, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>094 9021122</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:michael.fahey@hse.ie">michael.fahey@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Martin Greaney</td>
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<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
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.

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 August 2014 08:30  
To: 14 August 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome 14: End of Life Care</th>
<th>Outcome 15: Food and Nutrition</th>
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Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection, which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers were invited to attended an information seminar, received evidenced based guidance and undertook a self–assessment in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires, which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice during the inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was compliant in relation to both outcomes.

The inspector found that residents' end-of-life care was well managed and there was good access to medical and specialist palliative care. Records indicated that residents received a good standard of care in their final days and relatives indicated in feedback questionnaires that they were satisfied with the end of life care that their loved ones had received.

Residents’ nutritional needs were well met, although, improvement was required in the provision and communication of food choices, including choices of special meals and the support of residents requiring assistance at mealtimes. The menu was varied and offered choice to some residents. Food appeared wholesome and nutritious and residents were complimentary of the food provided. Residents had regular nutritional assessment and monitoring, with reviews by dieticians and speech and language therapists as required. The person in charge was working to improve the nutritional quality of the menus and she had developed a range of relevant information on hydration and nutrition to guide staff.
Section 41(1)(c) of the Health Act 2007. 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.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
The inspector was satisfied that caring for a resident at end of life was regarded as an important part of the care service provided. The inspector found that residents’ end of life care wishes had been assessed and that care provided to residents approaching end of life was to a good standard.

There was an up to date end of life care policy, which provided guidance to staff on many aspects of end of life care including palliative care, management of property, and dignity and care after death.

The person in charge submitted a self-assessment questionnaire in advance of the inspection that identified the centre as being compliant with Regulation 14 and Standard 16, relating to end of life care.

Nine questionnaires had been sent to relatives of deceased residents by the person in charge prior to the inspection and seven completed questionnaires were returned to the Authority. These relatives generally stated that they were very satisfied with the care which had been provided before, during and after the death of their loved one. They stated they were made feel welcome and were facilitated to stay overnight and be with the resident during his/her last days. Relatives reported that residents’ wishes, with regard to their place of death were respected and confirmed that those who wished to had received care in a single room. Some families stated that residents had preferred the option of remaining in a shared room and that this had been facilitated. The person in charge had stated during the inspection that some single rooms were available in each unit for end of life care, although some residents chose not to transfer to them.

Relatives who completed questionnaires were generally very complimentary of staff and the quality of care provided as were residents who spoke with the inspector. However, there was concern raised in some questionnaires concerning staffing. This was discussed with the person in charge who stated that she would review the allocation of staff duties. No deficits were identified by the inspector in relation to the numbers and skill mix of staff and their ability to meet the needs of residents at end of life during the inspection. The inspector observed that the staff knew the residents well and were very knowledgeable about their care needs.
There was an open visiting policy and family and friends were facilitated to be with the resident approaching end of life. There was ample communal and private space and an unoccupied room could be made available for relatives who wanted to stay overnight. Refreshments were supplied to relative and there was a restaurant in the centre where meals could be purchased during the day.

The person in charge stated that the centre maintained strong links with the local palliative care team, who guided staff in areas such as care of symptoms and pain management and provided support to families. The inspector saw that there was good access to this service when required and that recommendations from the palliative team had been recorded in residents’ care plans and had been implemented by the staff.

Residents’ spiritual needs were well met at all times, including at end of life. At the time of the inspection, Roman Catholicism was practised in the centre and a priest visited the centre daily and was available to support residents at end of life and their families. The sacrament of the sick was administered monthly or as required. Religious ministers of other denominations were also available to support residents at end of life and their families. Arrangements could be made for residents to repose in the centre, where residents and members of the local community could come to pay their respects.

The person in charge had taken measures to respect residents' dignity at end of life. Staff had linked with the hospice friendly hospital initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying or when a deceased resident was in the centre. There was also a purple cloth to drape the coffin when it was being transferred within or from the centre. The inspector also saw that bereavement leaflets and other resources were available to relatives, residents and staff. There was a procedure in place for the return of possessions via unmarked zipped fabric bags. The end of life policy provided guidance on the return of personal belongings.

The inspector viewed a sample of end of life care records. Records indicated that residents were comprehensively assessed on admission and at regular intervals thereafter. The person in charge and staff had been focusing on assessing residents’ end of life care wishes, by discussing this with residents or if this was not possible, with their next of kin. The inspector saw that issues such as end of life care preferences and treatment options for future events were recorded in residents’ files. While the wishes of most residents had been established, some had declined to comment and this had been recorded. The inspector read the records of a resident who was deceased and found evidence of good practice, including regular reviews by the medical officer and practices to monitor and control pain.

Continuous training had been provided in end of life care. Staff had recently attended training in the end of life policy and use of syringe drivers in July 2014 and in dressing of chronic wounds in June 2014. Other training included end of life care, basic life support and compassionate care. The assistant director of nursing who was experienced in oncology also provided instruction and guidance to staff on end of life and palliative care. In addition, the person in charge had recently put together end of life information pack, containing a range of useful information to guide staff. The person in charge and the assistant director of nursing were in the process of delivering a series of information
sessions to staff to introduce these packs which were available to staff in each unit.

**Judgment:**
Compliant

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### Outcome 15: Food and Nutrition

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**
Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents were provided with food and drinks adequate for their needs and the inspector found that food was properly prepared, cooked and presented to residents. Residents spoken with confirmed that there were daily meal choices and that staff asked for their preferences. While residents were offered a varied diet that offered choice at mealtimes and in a manner that met their needs, improvement was required in the communication of choice and the support of residents requiring assistance.

There was an up to date nutrition and hydration policy, which provided comprehensive guidance and was used to inform staff practice. The policy had been kept under review and had been updated in July 2014. The person in charge also undertook monthly reviews of each residents' nutritional status. She had also reviewed the ingredients in use in line with healthy eating guidelines and showed the inspector the results that indicated a high level of compliance.

Residents had access to fresh drinking water and a variety of hot and cold drinks. Staff offered residents drinks with their meals and at regular intervals throughout the day. Snacks were available and served throughout the day and there was a supply of food, such as yoghurt, confectionery, fruit and ingredients for making sandwiches stored in the kitchenettes for residents who wanted something to eat at other times.

The inspector observed breakfast and lunch being served. Most residents had their breakfast served in their bedrooms at a round 08.30 and staff stated that a later breakfast could be served if requested. There was a choice of cereals or porridge together with juice, bread and/or toast and hot beverages. Some residents also had eggs cooked to their liking. Residents told the inspector that they were enjoying the breakfast served to them.

Lunch was the main meal of the day and was served in each unit either in the communal area or in the bedrooms. The meal choice was displayed, with coloured pictures of each meal in display stands in the dining areas. Residents were asked their
preferred choice the previous day and staff supplied this information to the chef. Residents confirmed this to be the case. The chef prepared the required food which was transported to the units in bulk containers in temperature controlled hot holding cabinets. During the meal time these cabinets were sited in corridors close to the dining areas and staff plated and distributed meals to residents from them. The inspector visited two of the units during lunch time and found that in one of the units residents dined at round tables. In the other unit residents were not seated at tables and were assisted by staff or ate their meals from trays. Most of the residents in the centre were of maximum dependency and required assistance at mealtimes. The service of meals to residents required improvement. Although meals were plated in the units in close proximity to resident, the inspector noticed that meals were plated based on the staff knowledge of residents' preferences. Residents were not at this stage consulted on preferred portion size on the day or whether or not they wanted sauces or gravy added to their meals.

The inspector visited the kitchen, met with the catering manager and chef and viewed a four week menu plan which included regular and modified meal options. The chef explained the menu was sometimes changed based on the views of residents. For example, chicken wrapped in bacon had been replaced by roast chicken and stuffing as the residents preferred it. There were two documented meal choices each day although alternatives would be arranged for residents who wanted something else to eat.

The inspector found that improvement in the communication of choice to residents was required. Although there were pictorial menus available, a staff member told the inspector that these were not shown to residents with cognitive impairment to assist them in making meal choices. In addition the inspector found that not all meal choices were clearly communicated to all residents. The chef explained that the two main menu options were not served to residents who required modified consistency diets. He stated that an additional dish, minced pork on the day of inspection, was prepared for modified meals and was altered to the required consistency. A different meal to the circulated menu was prepared as the modified meal daily.

The provision of suitable alternatives to residents with special dietary needs required improvement. The chef explained that, for dessert, unsweetened custard and sugar free jelly was provided to residents with diabetes and that gluten free bread and porridge were available for coeliacs. No other suitable alternatives were made in the kitchen or bought in for these residents and therefore they did not have the same choices of desserts, confectionery and baked products as other residents.

There was a further communication deficit in that the language used to describe levels of modified consistency foods was inconsistent and unclear. The terminology used in the documentation supplied by the speech and language therapists differed from the terminology used by catering staff to describe various food consistencies. Although the chef was clear about the preparation of required consistencies, there was the risk of food being inappropriately prepared in the event of a staffing change.

While there were staff present to support residents who required assistance in dining, some improvement to this practice was required. In some instances meals were not served in a dignified manner and some staff stood over residents who required
assistance. Meals were sometimes served to residents who required support when there were no staff available to assist them. These meals were left sitting until a staff member became free. Consequently hot food had cooled down and staff had to take it away again to be reheated in a microwave oven. In addition, the inspector noticed that one resident was not being assisted in accordance with the guidance in the care plan which had been based on the advice of the speech and language therapist.

The inspector reviewed a sample of records and found that each resident had nutritional assessment, using a recognised assessment tool, carried out on admission and at three-monthly intervals thereafter or more frequently if required. Residents' weights were routinely monitored and recorded monthly. Where specific nutritional needs or assessed risks had been identified, measures had been implemented to address these risks. The inspector saw that referrals had been made to dieticians, dentists and speech and language therapists whose reports and recommendations were recorded in residents' files. The organisation had employed a dietician to attend the centre for one day each week. The person in charge explained that she had planned for the dietician to review all menus in the near future to ensure that the highest nutritional quality is provided.

The person in charge had recently put together a nutrition education pack, containing a range of useful information to guide staff, including information on nutrition and health in an ageing population, the dining experience, nutritional screening, recording food and fluid intake and modified food and fluids. The person in charge and the assistant director of nursing were in the process of delivering a series of information sessions to staff to introduce these packs which were available to staff in each unit.

**Judgment:**
Non Compliant - Moderate

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**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:**

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Outcome 15: Food and Nutrition**

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Improvement was required in the communication of meal options to residents.

The available pictorial menus were not shown to residents with cognitive impairment to assist them in making meal choices.

Residents who required modified consistency diets did not have the same choices as other residents.

**Action Required:**
Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Catering Assistants have been instructed regarding the importance of adhering to the Policy of communicating meal options to all residents at all times. Catering Assistants have been instructed to show the pictorial menus to all residents to assist them in making meal choices. The Chefs have been instructed to provide the choices for a normal diet in a modified consistency format also.

**Proposed Timescale:** 31/08/2014  
**Theme:**  
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The provision of suitable alternatives to residents with special dietary needs required improvement.

The language used to describe levels of modified consistency foods was inconsistent and unclear. The terminology used in the documentation supplied by the speech and language therapists differed from the terminology used by catering staff to describe various food consistencies. This presented a risk of food being inappropriately prepared in the event of a staffing change.

**Action Required:**  
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

Please state the actions you have taken or are planning to take:  
The menu of suitable alternatives for residents with special dietary needs is being reviewed and alternatives are either being sourced externally or will be included in house production of choices by 30th September 2014. The catering staff have been instructed to adhere to the terminology used in the documentation supplied by the Speech & Language Therapist. Completed 31st August 2014

**Proposed Timescale:** 30/09/2014  
**Theme:**  
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
In some instances meals were not served in a dignified manner and some staff stood
over residents who required assistance.

Meals were sometimes served to residents who required support when there were no staff available to assist them. These meals consequently had cooled down and staff had to take it away again to be reheated in a microwave oven.

Residents was not consistently assisted in accordance with the guidance in their care plan.

**Action Required:**
Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

**Please state the actions you have taken or are planning to take:**
All staff have been instructed on the most appropriate method of serving meals and assisting residents to ensure that they can enjoy their meals with dignity.
Staff have been instructed not to remove meals from the hot trolleys until a staff member is available to assist the individual resident.
All staff have been instructed to consistently adhere to guidance regarding the positioning of residents, the equipment required and the consistency of the food required.
The dining experience will be audited monthly to identify practices requiring immediate corrective action.

**Proposed Timescale:** 31/08/2014