<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sacred Heart Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000157</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Little Sisters of the Poor,</td>
</tr>
<tr>
<td></td>
<td>Sybil Hill Road,</td>
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<tr>
<td></td>
<td>Raheny,</td>
</tr>
<tr>
<td></td>
<td>Dublin 5.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 833 2308</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:lspoffraheny@eircom.net">lspoffraheny@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Little Sisters of the Poor</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Sr Christine Devlin</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Michael Keating</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>86</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>24 September 2014 09:30</td>
<td>24 September 2014 18:00</td>
</tr>
<tr>
<td>25 September 2014 09:30</td>
<td>25 September 2014 14:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<tr>
<td>Outcome 03: Information for residents</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 09: Medication Management</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This report sets out the findings of an 18 outcome inspection, which took place following an application to the Health Information and Quality Authority (the Authority) to renew registration of this centre. As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, accidents and incidents forms, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority prior to and during the inspection. These questionnaires were all positive of the service provided, and highly complementary of the input of staff.
Overall, the inspector found that the provider and the person in charge met the requirements of 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. They promoted the safety of the residents, and monitored closely the quality of the service provided to residents.

Evidence of good practice was found across all outcomes with 15 out of 18 outcomes inspected against deemed to be in substantial compliance with the Regulations. Outcomes judged to be fully compliant included the protection of residents' rights, dignity and consultation, health and social care needs, governance and management and safe and suitable premises. Three outcomes were judged to be moderately non compliant, which related to health and safety and risk management and staffing as mandatory training in the areas of moving and handling and safeguarding vulnerable adults was not provided to all staff or kept up to date for all staff. The other outcome not compliant with the regulations related to medication administration practices.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority’s Standards.
**Outcome 01: Statement of Purpose**

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector found that the statement of purpose met the requirements of the Regulations, containing all of the information as listed within Schedule 1. It accurately described the service that was provided in the centre and was kept under review by the person in charge and the provider and was available to residents.

**Judgment:**
Compliant

**Outcome 02: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Overall it was found that the quality of care and experience of the residents were monitored and assessed on an ongoing basis. There was a clearly defined management structure that identified the lines of authority and accountability.

The provider and the person in charge worked together to address the needs of residents and together held the autonomy and authority to implement change in accordance with the assessed needs of residents. For example, staffing resources had
been increased or redeployed across the different units within the centre, in order to meet changing needs of residents.

There were systems in place to review and monitor the quality and safety of care and the quality of life of residents in a regular basis. For example, the inspector read minutes of monthly meetings held between the provider, the person in charge and the assistant director of nursing, as well as other key personnel which focused upon key quality and safety data including incidences of pressure sores, incidences of falls and activity levels of residents.

The provider was not met with during this inspection as she was on annual leave. However, she is the nominated provider for three designated centre, and had been interviewed and deemed fit previously within this centre, as well as in her other centres. No significant issues were found on this inspection to suggest otherwise.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 03: Information for residents</strong></th>
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<tbody>
<tr>
<td><em>A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.</em></td>
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</tbody>
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| **Theme:** |
| Governance, Leadership and Management |

<table>
<thead>
<tr>
<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
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</thead>
<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
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| **Findings:** |
| A resident's guide was provided to all residents' prior to admission to the centre. Each resident also had an agreed contract of provision of service, which included the fees charged for stay in the nursing home, as well as reference to additional fees to be charged such as for hairdressing services, newspapers and dental services which were available in the centre. |

| **Judgment:** |
| Compliant |

<table>
<thead>
<tr>
<th><strong>Outcome 04: Suitable Person in Charge</strong></th>
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<tbody>
<tr>
<td><em>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</em></td>
</tr>
</tbody>
</table>

| **Theme:** |
| Governance, Leadership and Management |
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge was a registered nurse and worked full time within the centre. The person in charge had experience in the area of nursing older people as well as postgraduate qualifications in management. In addition, she has pursued continuous professional development and had completed training courses in nutrition and diabetes and palliative care in 2014. She had been working as director of nursing within the centre for the past three and a half years and was well known to all residents.

The person in charge had been involved in developing policies as well as revising policies in line with best practice or the changing needs of residents. During the inspection she demonstrated her knowledge of the revised Regulations, the National Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities. All information required from her was available during the inspection.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector was satisfied that the records listed in Part 6 of the Regulations were well maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.
### Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge was aware of the providers' responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary. The person in charge was supported in her role by the assistant director of nursing who was registered with the Authority as a person participating in management. In addition, the roster identified a staff nurse as being in charge of each of the five separate units comprising the designated centre at all times.

**Judgment:**
Compliant

### Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

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

**Findings:**
The inspector found that measures were in place to protect residents from being harmed or abused. However, not all staff spoken with were clear on what constitutes abuse which limited their ability to be able to report it appropriately. The inspector viewed training records and found that not all staff had received training on identifying and responding to elder abuse. Some staff had not received any training and had been working in the centre for a number of years. The most recent training to have taken place on elder abuse was in 2011; therefore, no staff in the centre had up to date
training in safeguarding vulnerable adults (elder abuse).

The person in charge assisted residents with the management of their finances, and arrangements were in place to safeguard residents from the risk of financial abuse. The inspector saw that money was stored in a locked safe, with balances regularly checked and was satisfied that residents' finances were managed in a safe and transparent way.

Residents spoken with confirmed that they felt safe in the centre and primarily attributed this to being familiar with the staff on duty, and that staff supported them as necessary in a very sensitive and professional manner.

A restraint free environment was promoted with relevant policies and procedures in place. Physical restraint was not used in the centre and there was a small number of enabling restraints in operation within the centre. Bedrails were used for some residents. Restrictions had been appropriately assessed and had involved multi-disciplinary input as well as the capacity of the residents in question to be involved in the decision.

**Judgment:**
Non Compliant - Moderate

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**Outcome 08: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

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

**Findings:**
The inspector found that the health and safety of residents, visitors and staff was sufficiently promoted and protected. However, not all staff had attended mandatory training in moving and handling.

The inspector noted that there was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as environmental hazards. A risk management policy was in place and met the requirements of the Regulations. A health and safety officer was identified and she met with the person in charge and provider on an ongoing basis to discuss the management of risk.

Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire reels and fire alarm system were serviced annually. The inspector noted that the fire panels were in order, and the many fire exits, which had daily checks, were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire, described within the centre as the horizontal method of evacuation, ensuring residents
are moved away from any perceived risk.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat or any other possible emergency. The emergency plan included a contingency plan for the total evacuation of residents to another local nursing home in the event of an emergency.

A review of the training records evidenced that not all staff had attended mandatory training in moving and handling. A number of staff including nurses, household and domestic staff had not completed mandatory and relevant patient moving and handling/manual handling training since 2009. In addition, records indicated that some of these staff had not completed any moving and handling training and had been working in the centre for a number of years. This noncompliance is actioned under Outcome 18; Staffing.

Judgment:
Compliant

**Outcome 09: Medication Management**
*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were written operational policies in place relating to the ordering, prescribing, storing and administration of medicines to residents. However, poor practice relating to administrative drug errors was identified by the inspector and was highlighted to the person in charge. This practice related to the pre-signing of a number of drugs that had been initialled as given, but was not due to be given until later that day.

When these errors were highlighted by the inspector, they were not recognised as formal drug errors by the person responsible. However, these were clear administrative errors, and recognised as requiring reporting as per the centre's policy on drug errors and in line with best practice guidelines. In addition, while there was a system in place for reviewing and monitoring safe medication management practices, this system had not identified the poor administrative practices referred to above, or ensured that staff were clear on what constituted a 'drug error'.

Medications that required strict control measures (MDA's) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of controlled drugs. The stock balance was checked and signed by two nurses at the handover of each shift.
A locked fridge was provided for medication which required temperature control and the inspector noted that the temperatures were within acceptable limits. There were appropriate procedures for the handling and disposal of unused and out of date medication.

A number of residents were responsible for their own medication following appropriate assessment. In addition, residents' had been supported to maintain their own pharmacist, and some resident's had arranged for their monthly medication to be delivered to them personally by their chosen pharmacist.

Judgment:
Non Compliant - Moderate

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and where required notified to the Chief Inspector.

The person in charge was aware of the legal requirements to notify the chief inspector regarding accidents and incidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge. The inspector read the accidents and incidents log and saw that all relevant details of each incident were recorded together with actions taken.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied healthcare.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans with evidence of resident involvement at development and review.

The inspector reviewed a number of health care plans which considered assessed need in relation to areas such as dental care, cognitive deficit, sleep patterns, short term medical interventions, skin care and wound management. Residents could access medical specialists as required, for example some residents had recently attended dental services, dieticians, physiotherapy and speech and language therapy. Residents' had access to a general practitioner (GP) as required, and residents were also supported to maintain their own GP as requested.

Assessors used validated tools to assess levels of risk of deterioration, for example vulnerability to falls, dependency levels, nutritional care, cognitive impairment. There was evidence that care plans were reviewed every three months or more frequently if required.

Each resident had opportunities to participate in meaningful activity and the activity programme was based upon the residents' interests and hobbies. There was an activities planner displayed on the wall, highlighting the week's activity. Residents were observed enjoying various activities during the inspection. A number of volunteers also assisted residents with daily activity. Regular activity included daily mass and prayer, bingo, music, Sonas, exercise classes, pottery, knitting and painting classes.

Outside activity included regular walks as well as organised outings. Individual risk assessments identified the rights of residents to be involved in activity of choice, and prioritised this over the associated risk. For example, the grounds of the nursing home were extremely attractive and many residents walked around the grounds. The centre operated an open door policy and residents were encouraged to come and go as they pleased.

Social assessments were also included in each residents' care plan, the aim of which was to 'enable a detailed social care plan to ensure that due regard is paid to all aspects of an individual's present and previous life, lifestyle and experiences'. For example this plan detailed their past schooling, employment, family members, hobbies, previous pets, entertainment interests and previous holidays.

Judgment:
Compliant
Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
This centre was purpose built as a nursing home in the 1970's but had since been renovated to provide individual rooms to its residents approximately 15 years ago. The centre and was kept clean and well maintained there had been no changes to the structure of the premises since the last inspection, or since its previous registration. The centre conforms to all of the matters as set out in Schedule 6 of the Regulations.

The accommodation includes 85 spacious single rooms as well as one double room to meet the needs of a couple who reside in the centre. All rooms had their own en suite facilities. The nursing home was spacious, and well laid out with plenty of communal space and room for private visits or consultations. Residents had personalised their bedrooms, and the communal areas such as the sitting and dining rooms as well as the corridors were very homely with pictures of residents and paintings by residents hanging throughout the centre. The centre had many additional communal areas including, a library, hairdressing saloon, snooker room, tea room as well as a kitchenette on each unit. All of these facilities enhanced the living environment for residents and also helped ensure visitors had a chance for positive engagement with residents in a choice of communal areas or to spend time with them privately in their own rooms.

There was appropriate equipment provided to meet the needs of residents, electric wheelchairs were used by many residents, hoists were maintained and used as required and there was an accessible bath available for the use of residents within each of the 5 units within the centre.

The grounds of the premises were well maintained, and there was seating provided at suitable intervals to provide rest for residents.

Kitchen and laundry facilities are discussed under Outcome 15 and 17.

Judgment:
Compliant
## Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

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

**Findings:**
The complaints policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints policy was on display within the reception area as well as an abridged version provided to each resident, contained within their residents’ guide. Residents, relatives and staff spoken with were aware of the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. The inspector read two complaints recorded within the complaints log which were the only complaints logged during 2014. In both cases, they appeared to be addressed to the satisfaction of the person who made the complaint. The person in charge also spent time with each resident on regular basis and visited the bedrooms of residents. This was found to be a way to engage more effectively with residents in relation to their satisfaction with the service provided.

**Judgment:**
Compliant

## 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 found that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre. The practice was informed by the centre’s policy on end of life care which in turn was informed by links with a local Hospice. In addition, Sister’s from the order provided pastoral and spiritual care for residents actively dying, and provided ongoing support to families of the resident post death. The centre had completed a review of their end of life care and support as part
of their preparation for thematic inspections, on this topic, carried out by the Authority. This information was reviewed by this inspector as part of this inspection. The centre had completed a self-assessment questionnaire as part of this preparation in which they had rated themselves as in 'minor noncompliance'. This noncompliance related to lack of documentary evidence to support the practice operating effectively in the centre. It was noted that this issues had now been resolved.

The policy on end of life care addressed all physical, emotional, spiritual and social needs of residents at end of life and promotes respect and dignity for dying residents. At the time of inspection no resident was receiving palliative care. However, the inspector reviewed the care plan of a resident who had recently passed away. This plan facilitated the resident, community Sisters, and family members express their needs and wishes throughout the continuum of the end of life phase. There was also a chapel of rest and church on site, these facilities, as well as catering facilities, were provided to all residents and families as requested at end of life. Accommodation was also available to families on site.

Judgment:
Compliant

### 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:**
The inspector found that residents were provided with a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. There was a number of dining rooms used, and available to be used by residents. A main dining area was generally used by residents requiring minimal support to eat their meals. Smaller dining areas were used throughout the centre by residents requiring support of staff to eat their meals. Particular care was given to the presentation of the meals that required an altered consistency. Training on food and nutrition had also been provided to a number of staff, and food safety training was considered mandatory for all catering and caring staff.

Residents' dietary requirements were met to a high standard. The chef discussed the menu with the inspector and how he was aware of resident's likes and dislikes, and always had alternatives available. The inspector noted that the catering staff and the Sisters on duty spoke with residents during the meal asking if everything was
satisfactory. The inspector ate a meal with residents and they were highly complementary of the food served. The food was served hot and well presented and was enjoyable. Menus offered choice over a four week rolling period, and these menus had been assessed for nutritional values by an external company.

The kitchen was clean and well organised and appropriately stocked with adequate supplies of meat, fruit, dry goods and fresh fruit and vegetables. The inspector saw residents being offered a variety of snacks and drinks and staff regularly offered drinks to residents' and their visitors. Tea and coffee making facilities were available to residents on all floors and cold water was also available to all.

Weight records were examined which showed that residents' weights were checked monthly or weekly according to assessed need. Nutrition assessments were used to identify residents at risk and were repeated on a monthly basis. Records showed that some residents had been referred for dietetic review, and subsequent guidance was seen to be followed. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector noted that following residents' meetings described under Outcome 16, suggestions made relating to meals had been acted upon.

Judgment:
Compliant

Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
The inspector found that residents were consulted with and participated in the running of the centre. Each resident’s privacy and dignity was respected and they were enabled to exercise control over their lives.

The inspector saw that residents had choices about how to spend their day, with residents choosing activity, or to spend time alone in their rooms to read, watch television or pray. Residents’ also changed their minds, choosing not to do an activity they had planned to do, and this was never questioned by staff. In addition, residents could leave the premises if they chose to, and this considered a right, with the staff
priority being to put supports in place to ensure this could be done safely.

Staff were observed knocking on bedrooms, toilet and bathroom doors and waiting for permission to enter. Some residents chose to lock the door to their room, particularly when they were not in it. The inspector observed and heard staff interacting with residents in a courteous and respectful manner and addressing them by their preferred name.

Residents had access to the internet if requested and had access to a private telephone. Residents had access to television, radio, and had access to newspaper, available in the lobby. Residents' communication needs were highlighted in each care plan and were reflected in practice.

A residents' council had been set up and met on a monthly basis. The inspector read that residents had made suggestions regarding meal service. A number of residents had complained that meals delivered to parts of the centre were not always as hot as they should be. A subsequent action plan and review, provided assurance that this issue was now addressed to the satisfaction of the residents.

**Judgment:**
Compliant

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### Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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

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

**Findings:**
Residents could have their laundry attended to within the centre. The laundry room was well equipped to meet the needs of the numbers of residents residing in the centre. In addition, some residents preferred to have many of their clothes dry cleaned and this service was provided. In addition, laundry facilities were available within each of the five units, and this allowed residents to be more involved in the laundering of their clothes if they wished. It was also noted that the smaller, unit based laundry's were used to ensure residents 'delicates' were well looked after, and this provided reassurance to residents who could do it themselves, or be present when the clothes were being washed. Residents expressed satisfaction with the laundry service provided.

There was adequate storage provided for residents' possessions and plenty of wardrobe space for residents to keep their clothes. Residents were assisted as required to put laundry away and to keep their wardrobes tidy, many of the residents spoken with
stated this was important to them. Residents personal possessions were also listed within their care plans.

**Judgment:**
Compliant

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**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

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

**Findings:**
There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of the residents. There was a recruitment policy in place which met the requirements of the regulations. The inspector examined nine staff files and found that they contained all of the requirements of Schedule 2 of the Regulations. However, mandatory training requirements were not met for all staff as detailed previously under Outcomes 7 and 8 in relation to Moving and Handling and Safeguarding Vulnerable Adults.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependence was assessed using a recognised dependency scale and the staffing rosters were adjusted accordingly. For example, the numbers of staff varied from unit to unit reflecting the numbers and dependency levels of residents in each unit. The inspector was satisfied that there was sufficient staff on duty to adequately meet the needs of residents.

Training was provided to meet the specific needs of residents. For example a broad range of training had been provided to staff such as phlebotomy, cardiopulmonary resuscitation (CPR), wound care, nutrition and end of life care. However, as detailed previously some mandatory training had not been provided to all staff, and there was no clear training needs analysis available, to highlight the training needs of the staff team going forward.
Several volunteers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the Regulations.

**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:**

Michael Keating
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sacred Heart Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000157</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>24/09/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07/10/2014</td>
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</tbody>
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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 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had received training in the detection and prevention of and responses to abuse.

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

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:
We will ensure that staff are trained in detection and prevention of and responses to Abuse. A Course on Abuse from Bourke College (in-house training) will be given to all members of staff starting from the end of October and will be ongoing until all staff have received training. We hope to have this completed by end of December.

**Proposed Timescale:** 31/12/2014

### Outcome 09: Medication Management

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The procedure of signing for medication administered was not in line with best practice or in line with the requirements of Schedule 3.

**Action Required:**
Under Regulation 29(5) you are required to: 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.

Please state the actions you have taken or are planning to take:
In line with best practice we will update all nurses on Medication Management, either through Abbey Healthcare, or on An Bord Altranais E learning course. This will be renewed each year. These educational refresher courses will highlight and identify our responsibility in safe administration of Medication. This will be completed by December.

**Proposed Timescale:** 31/12/2014

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Control measure had not been implemented to ensure that residents were administered medication as prescribed.

**Action Required:**
Under Regulation 29(5) you are required to: 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.
Please state the actions you have taken or are planning to take:
Guidelines of An Bord Altranais on Medication Management are accessible to all nurses within the Nursing Home. These highlight our responsibility in safely administering medication and identifying drug errors. We will periodically do random checks on medication sheets. Close auditing and Supervision of Medication administration will be carried out. Details will be documented on a regular basis.

Proposed Timescale: Auditing every month

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received mandatory training in the areas of patient moving and handling and safeguarding vulnerable adults.

Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
As best practice, we will assure that all staff have the mandatory training in patient moving and handling.

Proposed Timescale: 31/01/2015