Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sacred Heart Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000549</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Old Dublin Road, Carlow, Carlow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>059 913 6371</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:patricia.mcevoy@hse.ie">patricia.mcevoy@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>Patricia McEvoy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ide Batan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Caroline Connelly;</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>66</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>11</td>
</tr>
</tbody>
</table>
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, Health Act 2007 (Regulation of Designated Centres for Older People) Regulations 2015 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>
</tr>
</thead>
<tbody>
<tr>
<td>10 February 2015 10:45</td>
<td>10 February 2015 17:45</td>
</tr>
<tr>
<td>11 February 2015 09:00</td>
<td>11 February 2015 16:30</td>
</tr>
</tbody>
</table>

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

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

Summary of findings from this inspection

This inspection was announced and took place over two days. The person authorised on behalf of the provider, person in charge, assistant director of nursing, administrator and staff team were available in the centre to facilitate the inspection process. As part of the inspection the inspector met with residents, relatives/visitors, and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, contracts of care and staff files.

The purpose of this inspection was to inform a decision regarding the renewal of a registration following an application made by the provider. Notifications of incidents
and information received by the Authority since the last inspections of April and November 2013 were followed up on at this inspection.

There were 66 residents in the centre which has a maximum capacity for 77. The inspectors were satisfied that systems and measures were in place to manage and govern this centre. The provider nominee, person in charge, assistant director of nursing and administrator were responsible for the overall governance, operational management and administration of services and resources.

The inspector found the premises, fittings and equipment were in good repair overall. However, there were numerous issues of non compliance in relation to the design and layout of areas of the premises as regards the legislative requirement to protect and promote the privacy and dignity of residents. The feedback on the pre-inspection questionnaires from residents and relatives was mostly one of satisfaction with the service and care provided.

The premises posed numerous challenges in the provision of care due to the lack of private and communal space and facilities for residents. The majority of residents were accommodated in multi-bedded rooms. In some units there was not adequate dining/day space to meet the needs of residents and achieve the aims and objectives as set out in the statement of purpose.

Systems were in place to manage risk and safeguard residents while promoting their well being, independence and autonomy. Training and facilitation of staff was provided relevant to staff roles and responsibilities, and further training was planned and to be carried out this year.

Areas for improvement identified included:

Premises issues
contracts of care
night staffing levels on one unit
end of life
policies and procedures

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**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 inspectors viewed the statement of purpose, which had been updated since the previous inspection. It outlined the ethos and aims of Sacred Heart Hospital and described the services and facilities that are provided. However, it did not contain all the matters prescribed in Schedule 1 of the Regulations. Omissions included the conditions of registration and the profile of one unit was incorrect.

However, the person in charge rectified these omissions before the inspection was completed therefore this outcome is in compliance with legislation.

**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:**
Effective management systems were seen to be in place in the centre during the inspection. The person in charge assured inspectors that there were sufficient resources in place to ensure the delivery of safe and quality care to the residents with the present skill mix and staffing levels. The person in charge was supported by two experienced assistant directors of nursing. There were clear lines of authority and accountability. There were daily care handover meetings and all grades of staff were included in these.

The provider nominee who is responsible for one other designated centres is available on a regular basis and inspectors saw evidence of regular meetings with the person in charge.

Audits were completed on several areas such as documentation, falls, medication management, nurse prescribing and wound management. There was evidence of improvements being identified following these audits and interventions put in place to address deficits.

The nominated provider and person in charge had completed an annual review of services and inspectors saw that this review was going to be presented at the next residents’ forum meeting. There was evidence of consultation with residents and representatives formally and informally and their feedback was used to improve the service.

**Judgment:**
Compliant

**Outcome 03: Information for residents**
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.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Inspectors read a sample of completed contracts and saw that they did not fully meet the requirements of the Regulations. They included adequate details of the services to be provided and the fees to be charged, but did not include the cost for the additional services not included in the fee.

Some residents were in receipt of short term care and had no contracts. Therefore the provider is required to agree a written contract of care with them which includes details of the services to be provided for that resident and the fees to be charged to meet the requirements of legislation.
Inspectors saw there was relevant information available for residents on notice Boards and in each unit. Services provided for residents were outlined in a Residents’ Guide that included a summary of the statement of purpose, terms and conditions within a sample contract of care, complaints procedure and visiting arrangements.

**Judgment:**
Non Compliant - Moderate

### Outcome 04: Suitable Person in Charge

*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**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 is an experienced nurse and manager and is actively involved in the organisation and management of the service. In addition to significant experience in the care of older persons and management of a designated centre the person in charge had continued her professional development and undertaken post graduate training in nursing practice development and quality and safety in health care.

She was frequently observed meeting with residents, relatives and staff and ensured good supervision to all staff. The person in charge had suitable deputising arrangements in place. The inspectors were satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and had demonstrated a commitment to improving outcomes for the resident group. Residents and relatives were familiar with and complimentary of the person in charge.

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

Findings:
Inspectors were satisfied that the records listed in schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Records including the statement of purpose, Residents’ Guide, previous inspection reports, a directory of residents, emergency procedures, clinical documents along with records related to all residents and staff were available for inspection.

The designated centre had most of the written operational policies as required by Schedule 5 of the Regulations. Omissions included a policy for the provision of information to residents and creation of, access to, retention of and destruction of records. Staff demonstrated an understanding of the policies and inspectors viewed a signature sheet for staff to sign off when the policies were read.

There was a visitors sign in book available in the front foyer. The designated centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated 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:
There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge for more than 28 days.

The person in charge worked full time and was supported in her role by two experienced assistant directors of nursing. An assistant director of nursing covered for the person in charge in her absence.

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:
Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse were in place. Staff had received training in adult protection to safeguard residents so as to protect them from harm and abuse.

Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. There were no active incidents, allegations, or suspicions of abuse under investigation.

The management of residents using bedrails and lap belts required review particularly in relation to obtaining of consent for same. Residents consent to treatment forms were viewed by the inspector and were found to require review. Best practice guidelines would advocate the discussion of the requirement for restraint with the next of kin but not the signing of the consent which can only be done by the resident. There was evidence of assessment for the use of bed rails and prescribed assessment for the use of a particular type of restraint. However, there was no evidence of two hourly release charts in place and there was no evidence of consideration of least restrictive alternatives to restraint.

There was a restraint policy in place. However, inspectors saw that it was dated back to
2011. There was a policy on and procedures for managing violence and aggression. Inspectors saw that the policy had been due for review in 2013 but it had not been reviewed to date. Staff had received training to respond and manage this behaviour. There was evidence that the GP and psychiatric services were involved in the care of residents as required.

Residents who communicated to and with the inspector said they felt safe and able to report any concerns. Relatives who participated in the inspection process and completed questionnaires also shared this view. The inspector saw that the visitor’s book was signed by visitors entering and leaving the building. The centre was further protected by closed circuit television cameras at entrance and exit points.

Inspectors reviewed the measures that were in place to safeguard residents’ money and found that the systems in place were not robust. Inspectors saw that records maintained of money and valuables deposited by a resident/relative for safekeeping were not sufficiently robust. Inspectors saw that money was stored in a safe and transactions were not co signed and witnessed by resident/relative and staff members which did not safeguard residents or staff. Also inspectors saw that the valuables of a resident who was deceased in 2012 had not been returned to the family.

Judgment:
Non Compliant - Moderate

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

Findings:
The health and safety of residents, visitors and staff was promoted in this centre.

Overall fire safety was well managed. Inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations. Inspectors viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. Inspectors found that all internal fire exits were clear and unobstructed during the inspection. Inspectors saw that there was a fire safety committee in place.

The inspectors found that there were good systems in place in relation to promoting the health and safety of residents, staff and visitors. The inspector saw that the risk
management policies which were developed in line with the Regulations and guided practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff. There was a risk register in place which was reviewed on a regular basis last updated in January 2015 by the management team. Inspectors saw that quality and risk was a standing item on the agenda of nurse manager’s meetings.

There were arrangements in place for recording and investigating untoward incidents and accidents. All incidents were recorded. Inspectors saw that accidents and incidents were reviewed by the management team and then discussed at staff meetings. The inspector found that there were comprehensive details of the situation and the actions taken at the time. Information recorded included factual details of the accident/incident, date and time event occurred, name and details of any witnesses and whether the GP and next of kin had been contacted. Inspectors saw that quarterly audits of accidents/incidents took place with outcomes from audits followed up by the relevant professional such as risk manager, physiotherapist and occupational therapist.

The provider has contracts in place for the regular servicing of all equipment and the inspectors viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. All staff had up to date training in manual handling as observed by inspectors.

There was a corporate health and safety statement in place dated 2014 and a centre specific safety statement dated April 2013. There was a centre-specific emergency plan that took into account all emergency situations. Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency, continence, moving and handling.

The inspector found that there were measures in place to control and prevent infection. The environment was observed to be clean. Staff who spoke with inspectors were knowledgeable in infection control and training had been provided. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available discretely throughout the centre.

**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):**
No actions were required from the previous inspection.
Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The practice of checking, dispensing and recording of the drugs administered was in line with current legislation. The processes in place for the handling of medicines, including controlled drugs, were safe and in line with best practice guidelines. Photographic identification for residents was present. The nurses, spoken with by inspectors, demonstrated a clear understanding of the An Bord Altranais agus Cnaimhseachais na hEireann guidelines on medication management.

The pharmacist provided support and expertise on medication management for nursing staff in the centre and nursing staff said that the pharmacist was always available by phone but generally did not provide an onsite service. However, residents were not afforded a choice of pharmacist or GP as required by the regulations.

There was a good GP service to the centre and all residents automatically came under this 'medical officer's' care on admission. However, this practice was not in line with Regulation 6 (2) (a) of the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013 which requires that residents are offered a choice of GP. This will be addressed under outcome 11: Health and Social Care Needs.

A system was in place for reviewing and monitoring safe medication management practices. The clinical nurse managers described an audit system that included the nursing team, GP and pharmacy to improve the overall management and review of medication management.

Residents' medications were seen to be reviewed on a regular basis. Inspectors saw that in a sample of medication charts reviewed that each medication had not been individually signed by the prescriber which is not in compliance with the Medicinal Products (Sale and Control of Supply) Regulations as amended.

There were appropriate procedures for the handling and disposal of unused and out of date medicines.

Judgment:
Substantially Compliant

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 person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge.

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

Findings:
The inspectors were satisfied that residents healthcare needs were met to a good standard. Residents had access to GP services and a full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. However, inspectors observed that residents were not afforded a choice of GP as all residents automatically came under a ‘medical officer’s’ care on admission which is not in accordance with the Regulations.

Chiropody, dental and optical services were also provided. A physiotherapist and occupational therapist were available as required. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes.

Systems for monitoring the exchange and receipt of relevant information when residents were transferred to or returned from another healthcare setting were in place. Medical records reviewed indicated that residents had access to equitable and timely medical reviews and treatment.

The arrangements to meet residents’ assessed needs were set out in individual care plans. Recognised assessment tools were used to determine levels of dependency and care needs, and to assess levels of risk for deterioration, for example vulnerability to falls, nutritional care, and the risk of developing pressure ulcers and moving and handling assessments. There was a record of the resident’s health condition and
treatment given completed daily.

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of chair alarms and hip protectors. There was good supervision of residents in communal areas and adequate staff levels during the day to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff. Neurological observations were completed when residents sustained an unwitnessed fall. Questionnaires received by the Authority also indicated that there was good supervision of residents.

Inspectors read the care plans of a resident with a wound and noted that there were detailed records of assessment and appropriate plans in place to manage the wounds. An evidence-based policy was in place and was this used to guide practice. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers.

All residents had a risk assessment completed on admission which was updated four monthly or more frequently if there was a change in condition. There were opportunities for residents to pursue healthy lifestyle choices and recreational activities. There was a varied diet available which will be further discussed under Outcome 15. There was ongoing monitoring of each resident’s health status and staff regularly checked residents’ weight, blood pressure, diagnostic tests and blood tests. There was an activity programme in place and residents informed inspectors that they were aware of the activities available.

Overall care plans contained the required information to guide the care for residents. Residents and/or relatives were involved in the development of their care plans as observed by inspectors.

Judgment:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
The physical design and layout of the building does not meet the needs of the residents or the requirements of the Regulations.

The centre is divided into three units

The Sacred Heart unit is a 28-bedded unit; 21 beds are designated for females and seven for males. Residents’ accommodation comprises of three five-bedded wards, two four bedded wards, two single rooms and one twin-bedded room, each of which has en suite toilet, shower and wash-hand basin. There are nine toilets and three showers in total. A dining/sitting room and a smoking room are available. There is a sluice room, and storage rooms. There is a nursing office and a medical room.

St Clare’s is a 25-bedded unit for residents experiencing dementia, mental health difficulties and other medical conditions. Twenty four beds are designated as long stay and there is one respite bed. There are four four bedded and one five bedded ward. There are two single bedrooms with en suite, shower and wash-hand basin. There is also a twin bedroom with en suite toilet, shower and wash hand basin. Apart from the en suite facilities there are nine toilets and three showers. A sitting/dining room has a divider in place. A smoking room and storage rooms, nursing office and a medical room which is used to store the care plans and a multisensory room are available.

St James-Rehabilitation is a 24-bedded mixed unit with accommodation for ten long-stay residents and 14 rehabilitation residents. Residents are accommodated in five four-bedded wards, one two bedded ensuite and two single en suite rooms. Apart from the en suite facilities there are nine toilets and five showers. There is one dining and sitting room. There is also a small sitting room, a smoking room and storage rooms. There is a nursing office and a medical room. There is a secure garden attached to this unit and all residents can access the other garden areas.

The centre was clean, comfortable, welcoming and well maintained both internally and externally. There were handrails and safe floor covering throughout the centre. Appropriate assistive equipment was provided to meet residents’ needs such as hoists, seating, specialised beds and mattresses. Inspectors viewed the servicing and maintenance records for equipment such as hoists and found they were up to date. The kitchen was observed to be well equipped. The inspectors observed a plentiful supply of fresh food.

However the inspectors found that the premises posed numerous difficulties in the provision of care due to the lack of private and communal space and facilities for residents. The majority of residents were accommodated in four-bedded rooms some in five bedded which afforded little privacy or room for personal storage.

These rooms were generally not personalised. In many cases, lockers and wardrobes were very small and did not accommodate sufficient clothing to allow residents to exercise choice. There was not lockable storage for all residents. There was insufficient communal seating for residents anywhere in the centre and in two units there was not separate day/dining space.
The provider informed the inspectors of the short term plan to achieve short term regulatory compliance. However, there were no definitive long term plans available for inspection despite the issues in relation to the premises being raised on many previous inspections.

**Judgment:**
Non Compliant - Major

---

**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:**

Complaints were well managed. The complaints’ policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints procedure was on display at the centre. There was evidence from records and interviews that complaints were managed in accordance with the HSE “Your Service Your Say” policy. Issues recorded were found to be resolved locally at unit level or formally by the complaints officer as appropriate.

An appropriate record was maintained at unit level and a complaint register was also maintained. Residents who spoke with the inspector knew the procedure if they wished to make a complaint. Questionnaires reviewed by the inspector indicated that residents and relatives found that the management and staff were approachable if they had a complaint.

The complaints record contained the facility to record all relevant information about the complaint, investigation made and the outcome. No complaints were being investigated at the time of inspection and complaints recorded had been successfully addressed to the satisfaction of the complainant according to the records reviewed.

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

Findings:
At the time of inspection the inspectors were informed that there were no residents receiving end-of-life care. A thematic inspection had taken place in 2013 and all actions identified were addressed. The inspector reviewed the centre's policy on end-of-life care and noted that the policy was up to date and comprehensive. It provided good guidance on the management of the period prior to death and the care of the body. It outlined procedures for end of life care and provided guidance for staff on care planning for end of life and how to provide support to relatives.

Care plans were found to reference the religious needs, social and spiritual needs of the resident. While care needs were identified on admission and documented accordingly there was little evidence of any advance planning to ensure the expressed preferences of residents were taken into account prior to them becoming unwell. The nurse managers and nurses explained these were work in progress.

Inspectors saw that the religious and spiritual needs of residents were respected and supported. Mass takes place on a weekly basis and the local priest visits the centre twice a week. A remembrance event which includes a procession of lights for deceased residents takes place on an annual basis. There was also an oratory available for residents and relatives use.

A nurse manager told the inspector that residents had very good access to the specialist palliative care services. This was a nurse led service which provided onsite visits to residents and also advice via telephone. There was good access to medical services as evidenced by the medical and nursing records. Documentation such as care plans reviewed by the inspector indicated that symptom control was effective for residents to ensure adequate pain relief and comfort.

There was written information on services available to support, relatives, residents and staff following the death of a resident. This included leaflets on grief, bereavement and the numbers and contact details for local undertakers.

There was a designated visitor’s room, with a pull out bed and kitchen facilities which enabled relatives to stay overnight and be with the resident when they were dying. Inspectors noted that the privacy of residents was respected as much as possible. As
described under Outcome 12 the bedrooms consisted of hospital ward type accommodation.

The centre was registered to accommodate 77 residents. There were two single rooms on each unit throughout the centre in total. The multi occupancy bedrooms in each of the wards were not suitable to meet residents’ needs due to their design and layout in relation to maintaining privacy and dignity. These multi-occupancy rooms accommodated up to five residents in ward bay type setting in one unit. Inspectors observed that there was a system in place to ensure a single room could be allocated to a resident when they were approaching end of life.

**Judgment:**
Substantially 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:**
Residents were provided with food and drink in sufficient quantities to meet their needs. Inspectors reviewed the nutrition policy in place and found it covered the importance of nutrition and adequate hydration. There was a process in place for assessment prior to admission, on admission, and then how it would be monitored and reviewed. Weights were recorded on a monthly basis or more frequently if required. A number of examples were seen of resident’s intake being monitored, and action taken if it was seen to be low.

There were good working relationships with specialist services such as the dietician and speech and language therapist. The inspector observed referrals for consultation to these services and from the records reviewed there was a timely response with assessments undertaken. Access to diagnostic services was through the local hospital or outpatient department. Residents also had access to dental services as observed by the inspector. A sample of medication administration charts were reviewed by the inspector. These indicated that nutritional supplements were prescribed by the GP and administered by nursing staff accordingly.

The care plan was reflective of the resident’s nutritional assessment and included input when required from the dietician, general practitioner and the speech and language therapist. Where modified consistency diets or special diets such as diabetic were
recommended this was adhered to by nurses, care staff and kitchen staff.

Residents requiring modified consistency meals, such as pureed, had the same choice as other residents. All meals were presented in individual portions and residents could clearly identify what they were eating as each food group was presented separately on their plate. The quality of the food was good and the quantities reflected the residents’ individual dietary requirements. All residents spoken with were complimentary of the food provided. Staff were familiar with the correct diets and inspectors observed staff checking each meal prior to serving to ensure it was correct.

As outlined under Outcome 12 the existing building did not provide separate dining and day space for residents in two units.

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:
Inspectors saw evidence that residents were consulted about how the centre was planned and run. There was a residents' committee which met regularly and residents who spoke with inspectors outlined that that they would feel comfortable to raise any issues or concerns they had at this meeting or with the staff at any time. There was also a suggestions/comments box at reception if any resident, relative or staff member wanted to make any suggestions or comments.

Inspectors observed staff interacting with residents in an appropriate and respectful manner. Many residents told inspectors that they were very happy because all the staff were very kind. It was evident to inspectors that the staff had a special caring relationship with the residents.

There was an activities coordinator. Inspectors observed a schedule of activities including bingo, painting, exercise programmes and gardening in the summer months. One-to-one activities were also facilitated such as hand massage. There were notice boards available providing information to residents and visitors. Staff informed
inspectors that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities. Residents were facilitated to exercise their political and religious rights.

Newspapers were available on request and the main news topics were discussed each day. There was an open visiting policy in the centre and residents confirmed that relatives were made to feel welcome in the centre. Inspectors saw many visitors coming and going during inspection. Inspectors saw that residents had access to daily entertainment and leisure facilities such TV, radio, newspapers and magazines.

Residents were free to communicate and in the majority of records reviewed their needs were identified to ensure that staff were appropriately informed if residents had communication problems.

**Judgment:**
Compliant

---

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

**Findings:**
Residents could have their laundry attended to within the centre. Residents expressed satisfaction with the laundry service provided. There were procedures in place for the safe segregation of clothing to comply with infection control guidelines.

Inspectors viewed a number of residents’ bedrooms. The majority of the residents share multi-bedded rooms where there was insufficient space for personal possessions and lockable storage was not available to all residents. There was a policy in place in relation to residents’ personal property and a list of residents' property was maintained.

**Judgment:**
Substantially Compliant
### 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

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

**Findings:**
Inspectors found that there was a committed and caring staff team. The person in charge and management team placed strong emphasis on training and continuous professional development for staff. All staff told inspectors that they felt well supported by the person in charge. There was evidence of regular supervision taking place.

Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. Inspectors found that there were procedures in place for constant supervision of residents in communal areas.

The inspectors examined the staff duty rota for a two week period on the units. This described the staff complement on duty over each 24-hour period. The inspector noted that the planned staff rota matched the staffing levels on duty. The inspectors were satisfied that the number and skill mix deployed on two units was adequate to meet the needs of residents.

Inspectors observed that the diverse needs of residents in St. Clare's ward made it difficult for staff to appropriately provide care to residents that required intense physical care and to those residents that required ongoing supervision and social stimulation due to their active symptoms of dementia. Based on their observations and a review of the staff roster, inspectors were not satisfied that staffing levels and skill-mix at night were adequate to meet the assessed needs of the residents on St. Claire’s taking into consideration other factors such as the layout, resident population and the purpose and size of the unit. Staff who spoke with inspectors voiced their concerns about staffing levels at night on this unit and some of the relatives’ questionnaires, received by the Authority, prior to the inspection, highlighted this issue also.

There was a national HSE policy for the recruitment, selection and Garda Síochána vetting of staff. The current registration details were maintained for all nursing staff. An inspector viewed a sample of four personnel files. The files contained all the
documentation required under Schedule 2. Staff told inspectors that copies of the Regulations and the standards had been made available to them. Staff told inspectors they had received a broad range of training which included falls prevention, wound management, medication management, health and safety, infection control, nutrition, continence and end of life.

The inspectors observed that staff interacted well with residents and residents appeared very comfortable with staff. The inspectors carried out interviews with staff members and found that all were knowledgeable of residents’ individual needs, the centre’s policies, fire procedures and the guidelines for reporting suspicions of elder abuse. Staff were aware of all policies and procedures about the general welfare and protection of residents.

There were no volunteers working in the centre at the time of inspection.

**Judgment:**
Non Compliant - Moderate

---

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Ide Batan  
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 Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000549</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>10/02/2015 and 11/02/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13/03/2015</td>
</tr>
</tbody>
</table>

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 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors read a sample of completed contracts and saw that they did not fully meet the requirements of the Regulations. They included adequate details of the services to be provided and the fees to be charged, but did not include the cost for the additional services not included in the fee.

Action Required:

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

**Please state the actions you have taken or are planning to take:**
The required adjustments were made during the time of inspection.
Please find attached Contract of Care.

**Proposed Timescale:** 10/02/2015

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some residents were in receipt of short term care and had no contracts.

**Action Required:**
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

**Please state the actions you have taken or are planning to take:**
This matter has been referred national to the older person division within social care. We are awaiting a standard national short term contracts to be issued for use within public residential facilities.

**Proposed Timescale:** 31/05/2015

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The designated centre had most of the written operational policies as required by Schedule 5 of the Regulations. Omissions included a policy for the provision of information to residents and creation of, access to, retention of and destruction of records.

**Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**
Please find attached the HSE Policy we follow in relation to the above. It was not made available at time of inspection.
Proposed Timescale: 30/03/2015

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:
There was a restraint policy in place. However, inspectors saw that it was dated back to 2011. Residents consent to treatment forms were viewed by the inspector and were found to require review. There was no evidence of two hourly release charts in place in relation to restraint devices and there was no evidence of consideration of least restrictive alternatives to the restraint.

Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
Presently being reviewed.

Proposed Timescale: 30/04/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors saw that records maintained of money and valuables deposited by a resident/relative for safekeeping were not sufficiently robust. Inspectors saw that money was stored in a safe and transactions were not co signed and witnessed by resident/relative and staff members which did not safeguard residents or staff.

Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:
• Any transaction undertaken in relation to money now has 2 signatures of staff members with patient/relatives signature.
• Patient Private Property Policy reviewed to reflect this in page 6 (attached copy).
• Patient Private Property is audited annually by HSE auditors any recommendations from these audits are implemented
• In 2015 there will be a schedule of local operational audits undertaken in the areas of accounting, creditors and income.
### Proposed Timescale: 31/05/2015

#### 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:**
Inspectors saw that in a sample of medication charts reviewed that each medication had not been individually signed by the prescriber which is not in compliance with the Medicinal Products (Sale and Control of Supply) Regulations as amended.

**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:**
This has been discussed with medical officer and same being addressed.

---

### Proposed Timescale: 30/04/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors did not observe that residents were not afforded a choice of pharmacist as required by the regulations.

**Action Required:**
Under Regulation 29(1) you are required to: Make available to the resident a pharmacist of the resident’s choice or who is acceptable to the resident.

**Please state the actions you have taken or are planning to take:**
Presently a review of pharmacy services is being planned for across campus. The option of choice of pharmacist will be considered following this.

---

### Proposed Timescale: 31/05/2015

#### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**
in the following respect:
Inspectors observed that residents were not afforded a choice of GP as all residents automatically came under a 'medical officer’s' care on admission.

Action Required:
Under Regulation 06(2)(a) you are required to: Make available to a resident a medical practitioner chosen by or acceptable to that resident.

Please state the actions you have taken or are planning to take:
This will be addressed if requested by resident. To date no resident has requested this option.

Proposed Timescale: 13/03/2015

Outcome 12: Safe and Suitable Premises
Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspectors found that the premises posed numerous difficulties in the provision of care due to the lack of private and communal space and facilities for residents. The majority of residents were accommodated in four-bedded rooms some in five bedded which afforded little privacy or room for personal storage.

There was insufficient communal seating for residents anywhere in the centre and in two units there was not separate day/dining space.

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

Please state the actions you have taken or are planning to take:
Since inspection we are addressing five bedded reducing to four bedded. There are presently two areas remaining with five beds. Alcove areas will be developed in relation to seating. Since inspection architect has been onsite to review both short and long term plans of building two new single rooms, separate day and dining rooms once plans are finalised and capital funding is secured – plans and timeframes will be submitted to HIQA. The development and control plan for our longer term plan will be submitted once finalised.

Proposed Timescale: May 2015 for short term plan
September 2015 for longer term plan

Proposed Timescale: 30/09/2015
### Outcome 14: End of Life Care

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was little evidence of any advance planning to ensure the expressed preferences of residents were taken into account prior to them becoming unwell.

**Action Required:**
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

**Please state the actions you have taken or are planning to take:**
Since inspection individual care plans are being reviewed with residents and family to establish preferences of residents. Will be supported by ongoing education

**Proposed Timescale:** 31/05/2015

---

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

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was insufficient space for personal possessions and lockable storage was not available to all residents.

**Action Required:**
Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

**Please state the actions you have taken or are planning to take:**
At the time of inspection there was one four bedded area without lockable storage, this has been addressed. Storage space will be addressed on a phased basis

**Proposed Timescale:** 30/11/2015

---

### Outcome 18: Suitable Staffing

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in**
Inspectors were not satisfied that staffing levels and skill-mix at night were adequate to meet the assessed needs of the residents on St. Claire’s taking into consideration other factors such as the layout, resident population and the purpose and size of the unit.

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

**Please state the actions you have taken or are planning to take:**
- Management acknowledge the concerns’ of HIQA in relation to the diverse needs of the residents in St Claries unit particular at night
- Staffing levels have been reviewed and will be continued to be reviewed on all units on a daily / weekly basis taking into consideration the overall dependency of the residents/ incidents and risk presenting
- An extra carer was allocated between the three units for night duty
- St Claries unit has reduced its capacity from 26 to 21 residents and currently it has 18 residents
- Management will keep staffing levels under review if occupancy level increase or any other risks are identified or present.

**Proposed Timescale:** 30/06/2015