



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Sacré Coeur Nursing Home
Name of provider:	Sacré Coeur Nursing Home Limited
Address of centre:	Station Road, Tipperary Town, Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 June 2022
Centre ID:	OSV-0000278
Fieldwork ID:	MON-0036848

About the designated centre

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

Sacre Coeur Nursing Home is a facility which can accommodate a maximum of 26 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre provides nursing care for a variety of residents, including those suffering from multifunctional illness, and conditions that affect memory and differing levels of dependency. Given the design and layout of the building and the fact that the second floor is currently accessed by a stair-lift, it may not always be possible to accommodate every level of dependency or a particular request for care. Equally, if a resident's dependency level increases, it may become necessary with prior consultation and permission to move the resident within the building. The service employs a professional staff consisting of registered nurses, care assistants, maintenance, and laundry, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 10 June 2022	09:30hrs to 15:30hrs	Catherine Furey	Lead
Friday 10 June 2022	09:30hrs to 15:30hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

To gain an insight into life in the centre, inspectors spoke with residents and observed the practices of staff and management. From what residents told the inspectors, and from what was observed on the day, it was clear that the residents of Sacré Coeur Nursing Home received a high level of care from skilled and compassionate staff. The person-centred model of care in place ensured that the independence and rights of the resident were promoted at all times.

Inspectors arrived unannounced to the centre and were met by the person in charge. Brief infection control procedures were followed before gaining access to the centre, including hand sanitising and declaration of potential symptoms of COVID-19. An opening meeting was held and following this, inspectors completed a walk around of the premises with the person in charge. The centre was clean throughout and well-maintained and was warm and comfortable. There was a relaxed and unhurried atmosphere and an overall sense of well-being was evident.

This is a small centre which is registered to accommodate 26 residents, and was at full occupancy on the day of inspection. Bedrooms are comprised of single, double and triple rooms, and are spread over two main floors, with the first floor being split-level. The residents had access to communal areas including a visiting room, a dining room and a sitting room. A new shower had been installed on the ground floor providing adequate access to showering facilities for all residents. Communal space was limited which meant that not all residents could be accommodated in the communal areas at one time. Inspectors spoke to some residents whose own choice was to remain in their rooms for much of the day. The centre had been repainted and the ground floor was bright and airy. Large windows and high ceilings maximised the communal areas and there was a homely and traditional feel to the décor. The sitting room was the heart of the home and residents were seen to gather here throughout the day to chat and to participate in activities. Residents were seen to access a secure outdoor courtyard, with tables and chairs set up for relaxing in nice weather. This area was a calm and tranquil space, with mature landscaping and a wooden shed in keeping with the home-from-home ethos of the centre. Residents were observed mobilising independently around the centre and were encouraged to do so by staff. There were pictures of past events in the centre and residents' artwork on display.

Residents told inspectors that they were very happy living in this centre. They knew staff by name and appeared comfortable and relaxed in their presence. This level of satisfaction was echoed in a recent residents' and relatives' survey which showed high levels of satisfaction with the overall service provided. Residents spoken with were happy with the selection of activities on offer which included baking, art, reading, quizzes and hand massage. Staff displayed a thorough knowledge of each resident's preferences for activities. Residents were seen coming and going from activities during the day, and spending quiet time in their rooms if they preferred. Residents on the first floor were facilitated to attend the ground floor

for activities. Inspectors observed residents independently using the stairs, and using the chair lift with assistance of staff. Residents were encouraged where possible to maintain their independence by going on trips to town or home with family. Visitors were welcomed to the centre and residents stated they could see their visitors at times that suited them.

Inspectors observed meals being served in the main dining room, with a choice of options for main course. Residents described the food as fantastic and said they had input into the menu selections. Minutes of the residents meetings confirmed this. The inspector observed snacks and drinks being offered during the day, and glasses of fresh water and juices for residents were topped up regularly. Discreet assistance with eating and drinking was provided when required. Residents who chose to dine in their bedrooms were happy with this arrangement and meals were served to them in a warm and appetising fashion, including meals where the textures were required to be modified.

Overall, residents were unanimous in their praise for the staff of the centre and reported feeling content and happy. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered

Capacity and capability

Inspectors found that residents living in Sacré Coeur Nursing Home enjoyed a good quality of life where they received a high standard of quality care. There was good leadership, governance and management arrangements in place, which had a positive impact on the quality of life of residents. Some areas for improvement will be discussed in more detail, under the relevant regulations, in the Quality and Safety section of the report.

The last inspection in of this centre had taken place in November 2021, which was an infection control focused inspection and found non-compliance with Regulation 27: Infection Control. Prior to that, the centre was inspected in February 2021. Some areas identified as requiring action during that inspection included the premises, residents' rights and fire safety. In particular, the centre's two triple bedrooms did not meet the minimum space and configuration requirements as set out in the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 and SI 293 of 2016. Following the inspection and subsequent engagement with the registered provider, the Chief Inspector renewed the registration of this centre with an additional restrictive condition which stated that the centre's two triple rooms will be renovated or the occupancy reduced to ensure that each resident of that bedroom shall have an area of not less than 7.4 m² of floor space. The aim of this condition was to improve the quality of life for residents, and maintain each residents' privacy and dignity. The registered provider

was required to comply with this condition by 31 December 2021. Inspectors found that the registered provider had addressed the regulatory non-compliance's with regard to the premises identified in the previous inspection by extending and reconfiguring the two specified rooms and had therefore complied with condition 4 of their registration.

Sacré Coeur Nursing Home Limited is the registered provider of the designated centre. There are two company directors, one is a registered nurse and represents the provider. Both company directors are engaged in the day-to-day operations of the centre, having clear oversight of the centre's governance and management arrangements. On a daily basis care is directed through a suitably qualified person in charge. They demonstrated a clear understanding of their role and responsibility, and was a visible presence in the centre. There was a clearly defined management structure in the centre, which identified lines of responsibility and accountability. The management team was observed to have strong communication channels and a team-based approach. There were adequate staff supervision arrangements in place. The management team communicated on a regular basis and meetings identified that all aspects of the service were discussed and actions taken as required. The person in charge was supported in their role by an assistant director of nursing, nurses, health care assistants, catering, activities and maintenance staff.

On the day of the inspection the centre had adequate resources to ensure the effective delivery of care, in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care, from staff who knew them well. There was evidence of meetings with staff and regular meetings were with residents. There was evidence from staff files, and from speaking to staff that staff were suitably recruited, inducted and supervised, appropriate to their role and responsibilities. Mandatory training, as required by the regulations, was in date for all staff.

There were effective systems in place to monitor the quality and safety of care. The system was underpinned by a range of audits and associated actions identified in areas where improvements were required. A complaints log was maintained with a record of complaints received, the outcome and the satisfaction level of the complainant. The complaints procedure was displayed in the centre and contained the information required by the regulation. The arrangements for the review of accidents and incidents within the centre were robust. There were arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had completed an application to remove the centre's restrictive condition 4, which detailed the reasons for the proposed removal, and included the appropriate fee.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that there was a sufficient number and skill mix of staff appropriate to meet the needs of the residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had access to the appropriate training required for their role. They were appropriately supervised in the centre by a senior member of the nursing team at all times.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance and management structure in place. There were good systems of oversight of clinical and environmental risks, and there was evidence of regular auditing of practice which identified areas for improvement, to be completed within assigned time frames.

The person in charge had completed an annual review of the quality and safety of care in the centre which had been developed in consultation with the residents and relatives. This was displayed in reception for staff, residents' and relatives' information.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of services were in place for all residents. These described the services to be provided to the resident under the Nursing Home Support Scheme. Any extra charges were also clearly indicated.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the centre's incident and accident records confirmed that all required notifications had been submitted to the Chief Inspector within the required time frame as set out in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had developed an effective complaints procedure which included the appeals process in the centre. This complaints policy was clearly displayed in reception. There were no open complaints at the time of the inspection. A review of closed complaints found that these had been well-managed in line with the centre's own policy and procedure.

Judgment: Compliant

Quality and safety

The human rights of the residents were promoted and respected by a kind and attentive staff and management team. Efforts had been made to maximise the privacy and dignity of residents in communal rooms, and residents were consulted with regularly to gain their feedback on their environment, their daily routines, and their overall satisfaction with the service. Some improvements were required in relation to infection control and fire precautions, to ensure a consistently safe service for residents.

The premises was generally appropriate to the number and needs of the residents in accordance with the centre's statement of purpose. However, communal space in the centre was below the recommended 4m² per person outlined in the National Standards for Residential Care Settings for Older People in Ireland. This meant that not all residents could be accommodated in the dining or sitting rooms, and there was no available communal areas on the first floor. However, the provider had completed a number of actions which improved the overall premises. These included:

- The refurbishment and reconfiguration of two triple rooms. Inspectors

verified that these room now met the minimum floor space requirements and met the privacy needs of residents as set out in S.I. 293 (2016).

- The installation of an additional shower in the downstairs bathroom. This provided residents with sufficient access to showering facilities across both floors of the centre.
- Decorative and furniture upgrades throughout the centre

There was evidence that the registered provider had put measures in place to improve compliance with best-practice infection control procedures following the infection control-focused inspection of the centre which took place in November 2021. Many of the actions outlined in the compliance plan following the inspection had been completed, including:

- Improved dust control and mopping procedures
- Full interior and exterior painting and furniture upgrades
- Improved, segregated storage areas
- All infection prevention and control policies and procedures were reviewed and updated with best-practice guidelines

Inspectors observed good staff practices in relation to the wearing of personal protective equipment (PPE) and hand hygiene. There had been no outbreak of COVID-19 declared in the centre, and management and staff had managed to curtail the spread of infection when one resident was confirmed as having contracted the virus. Surveillance of staff and resident symptoms was ongoing, and testing protocols were in place for all staff. Infection control audits were being conducted and generally these showed that overall improvements were being sustained. Some infection control risks were observed by inspectors on the day, but not picked up by these audits. This is discussed under Regulation 27: Infection Control.

Following the inspection in February 2021, the registered provider had commissioned a fire audit of the centre via a fire consultancy firm. This included a review of all areas, equipment and people in the centre. Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEP's) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations.

Residents had access to medical care with the residents' general practitioners (GP) providing reviews in the centre as required. Residents were also provided with access to other health care professionals, in line with their assessed need. The inspector reviewed a sample of residents' files. Following admission, residents' social and health care needs were assessed using validated assessment tools, which informed appropriate care planning. Each resident had a care plan in place, which reflected each individual's needs, including the management of any responsive behaviours associated with their diagnosis. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained, in

line with professional guidelines.

Resident meetings were held regularly and were well-attended. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the management team were proactive in addressing any concerns or issues raised. Dedicated activity staff implemented a varied and interesting schedule of activities and there was an activities programme across the week. Residents who declined to leave their rooms were scheduled additional one-on-one individual activity and therapy sessions.

Regulation 11: Visits

Visits by residents' families were encouraged and practical precautions were in place to manage any associated risks. There were no visiting restrictions in place and measures were in place to protect residents from risk of infection.

Judgment: Compliant

Regulation 17: Premises

The overall premises generally complied with the requirements as set out in Schedule 6 of the regulations. Some findings in relation to wear and tear of furniture is discussed under Regulation 27: Infection control

Judgment: Compliant

Regulation 27: Infection control

The flooring in some areas of the centre had been replaced, however the main sitting room floor was worn and scuffed with dirt and grime gathering between the floor boards and some items of furniture, for example, side rails, lockers and assistive rails were worn and exposed, which impeded effective cleaning procedures.

There was a limited number of clinical hand wash sinks in the centre, and those that were present did not comply with with current recommended specifications.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A full review of evacuation procedures in the centre had been undertaken. There were regular evacuation drills being held, and staff who spoke with inspectors were knowledgeable about the methods of evacuation from different areas. These drills, while frequent and simulating various fire scenarios, did not simulate the evacuation of the centre's largest compartment. This is important as there are only two members of staff on duty overnight, and regular drills of this nature are required to ensure all staff are proficient in full compartment evacuations. This was a repeat finding from the previous inspection.

The provider submitted a drill of this nature following the inspection, and this provided assurances as to the safe and timely evacuation of residents.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Comprehensive systems were seen to be in place for medicine management in the centre. Medication administration was observed by the inspectors to be in line with best practice guidelines. Medications that required administering in an altered format such as crushing were all individually prescribed by the GP and maximum doses were prescribed for as required (PRN) medications.

Medicine management was audited frequently and staff had undertaken medication management training. Out of date medicines and medicines which were no longer in use were returned to pharmacy. Controlled drugs were carefully managed in accordance with professional guidance for nurses. All staff signed when medicines had been administered and medicines which had been discontinued were signed as such by the general practitioner (GP).

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment was carried out on residents prior to admission to the centre. Care plans were prepared within 48 hours of admission and reviewed at intervals not exceeding four months or when necessary as a resident's condition changed. There was evidence of consultation with residents and or their family. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. There was evidence of ongoing discussion and consultation

with the families in relation to care plans.

Judgment: Compliant

Regulation 6: Health care

There were arrangements in place to ensure that residents' health care was being delivered appropriately and that staff supported residents to maintain their independence where possible. There was evidence of good access GP services, with regular medical reviews in residents files. There was evidence of ongoing referral and review by allied health professional as appropriate such as tissue viability nurse, dietitian, occupational therapy, palliative care, speech and language therapy and psychiatry of old age.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable and skilled in responding to and managing residents who were displaying responsive behaviours. Inspectors observed staff attending to these behaviours in a dignified and person-centred way. A review of resident records showed that care plans had been developed to guide staff caring for them. Care plans were seen to outline de-escalation techniques and ways to effectively respond to behaviours. There was evidence of residents being referred to a clinical specialist for advice and supportive plans.

Judgment: Compliant

Regulation 9: Residents' rights

Resident rights were found to be valued and upheld in the centre. Residents opinions were sought and respected through resident meetings and satisfaction surveys which were incorporated into the centre's annual report on the quality and safety of care delivered to residents. Residents were provided with a variety of recreational opportunities and residents had access to television, radio and magazines. Arrangements for accessing an advocacy service were displayed in the centre.

Following a refurbishment and reconfiguration, the centre's two triple bedrooms were now laid out in a way that maximised the privacy and dignity of the occupants.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sacré Coeur Nursing Home OSV-0000278

Inspection ID: MON-0036848

Date of inspection: 10/06/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>As part of our ongoing refurbishment within Sacre Coeur the main sitting room floor is scheduled for upgrading which will ensure effective cleaning going forward.</p> <p>All furniture has been assessed and upgrading of surfaces is ongoing.</p> <p>Advice has been being sought from IPC Clinical Specialist in relation to placement of additional clinical hand wash sinks and upgrading of current sinks within the centre to ensure compliance with current recommended specifications</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Our Fire Drill schedule has been amended to include simulation of full evacuation of our largest compartment on a regular basis to ensure all our staff are proficient in carrying out safe and timely evacuations.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the	Substantially Compliant	Yellow	13/06/2022

	case of fire.			
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