



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

## Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Nursing Home
Name of provider:	Sacred Heart Nursing Home Limited
Address of centre:	Crosspatrick, Johnstown, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	16 December 2020
Centre ID:	OSV-0005557
Fieldwork ID:	MON-0031472

## About the designated centre

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

This centre has been managed by the registered provider since 1984 and has undergone a number of considerable extensions and improvement works since then. The provider is Sacred Heart Nursing home Limited, and the company directors are family members. The centre is situated in a rural setting approximately 1.6kms from Crosspatrick, 3.9 kms from Urlingford and 3.7 kms from Johnstown. The centre provides care and support for both female and male adult residents aged over 18 years. The centre provides care for residents with the following care needs: general care, respite care, conditions associated with advancing care, and dementia specific care. In addition, the service provides support and care for residents with mental illness, or residents in need of rehabilitation and convalescent services. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. The centre also supports some residents who have been assessed as independent. There is a Senior Occupational Therapist based on site who works as part of the management team of the centre. The centre currently employs approximately 38 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, activities and maintenance staff. Resident's private accommodation is provided in three wings. It comprises of a total of 23 single bedrooms with ensuite facilities, two twin bedrooms with ensuites, two single bedrooms, three twin-bedrooms, three three-bedded rooms and one four bedded room do not have ensuite facilities. All bedrooms have flat screen TV's, telephone points, wash hand basins and are wheelchair accessible. There is a small oratory that is available to residents for quiet reflection and prayer. There is a treatment room, a separate kitchen located off the main dining room and a laundry room. There is also a large sitting room, a second smaller sitting room, three dining rooms, and a smoking room complete the accommodation in the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	46
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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
Wednesday 16 December 2020	09:45hrs to 18:00hrs	Liz Foley	Lead
Wednesday 16 December 2020	10:00hrs to 18:00hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live and staff were found to be kind and caring. Inspectors met with a large number of residents present on the day of the inspection and spoke in more detail with approximately ten residents and also met a visitor who was visiting a relative in the centre during the inspection.

Inspectors arrived to the centre unannounced in the morning and the staff guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face covering, and temperature checks. Following an opening meeting the person in charge accompanied inspectors on a tour of the premises where the inspectors also met and spoke with residents in their bedrooms and in the various day rooms.

There were Christmas decorations and a large Crib scene set up at the main reception area. Inspectors saw that the centre was set out in a number of different corridors and differed between the older part of the building and the new extension. The newer extension had large single, full en-suite rooms and the main reception area had a large day room looking out onto a paved and secure outdoor area. The original building had a mix of accommodation with some single en-suite rooms and some twin, triple and one four bedded room. The inspectors observed that some shared rooms were not large enough to facilitate comfortable seating and allow for social distancing. Two dining rooms were homely and furnished with age-appropriate dressers and furniture. A second day room in the original building also enjoyed lots of natural light and views out to the local countryside. Inspectors noted that some areas in the original building required improvements for example, curtains, privacy screens and furniture. The centre was warm throughout and windows were opened regularly for ventilation. There was a strong smell of cigarette smoke on one corridor near the smoking room. The centre was clean throughout however, some areas in the kitchen required cleaning.

Inspectors saw a number of residents spent a large part of the day in their rooms, seated by their beds. They took their meals in their rooms and had limited opportunity to mobilize or change scenery. Other residents were observed in day rooms and moving freely about the centre. Inspectors observed that some residents were put back to bed in the early afternoon where they remained for the rest of the day, this excluded them from the activities provided as inspectors were informed that activities normally take place after 3pm. Residents in day rooms were socially distanced. Alcohol hand gel dispensers were readily available throughout the centre to assist with hand hygiene. Staff were observed assisting residents with care needs and meals throughout the inspection. Mass was provided via video link and some residents watched it on TV in the day rooms in the morning. Residents could also watch mass on the TV in their bedroom. There was a Christmas party in the afternoon and the inspectors observed music and some dancing and those who

participated appeared to enjoy the fun. There was a visit from Santa Clause and a present for each resident. The person in charge explained that they had to have two separate Christmas parties as the centre was divided into two units to abide by infection control guidelines and social distancing.

The inspectors observed the dining experience for residents throughout the day. The centre had a number of dining rooms and due to the COVID-19 pandemic use of these was restricted. So residents tended to eat in their bedrooms or in the day rooms with tables in front of them. The inspectors were informed by staff that some residents had breakfast as early as 05.30 and this was by the residents choice. Residents that got up later were seen to have breakfast later in the day room or bedrooms up until 11.00am. Lunch was served from 12.30 and the inspectors saw that assistance was offered to residents who required assistance with eating and drinking in a dignified manner. However, the inspectors found that improvements were required to the dining experience to make it a more sociable experience for residents as meals were served at all different times in the room and some residents were seen to have long finished their dinner before other residents received theirs. The inspectors also observed that improvements were required with the presentation of the modified diets to make them more appetising.

Residents who spoke with the inspectors were very complimentary about the person in charge, nurses and the staff who work in the centre. A couple of residents said the boss lady is excellent. Another resident described the staff as "brilliant and very obliging". Another resident told the inspectors that she thought staff were excellent and that this was a lovely nursing home. Residents told the inspectors that they felt safe and were very happy with the company they enjoyed in the centre. Inspectors observed some good interactions and banter between residents and good interactions with the staff. However, some observations of staff providing care were task orientated and opportunities for meaningful interaction were lost. Staff told the inspectors that the centre was divided into two nurse led teams to prevent the spread of infection. Staff were aware of the signs and symptoms of COVID-19 and were observed adhering to national guidelines on the use of PPE and hand hygiene.

Residents said they were aware of COVID-19 and the effects it had on them and the service. They said they had discussed it with the person in charge and the staff and completed a survey. They were made aware of visiting restrictions and a number of residents said the centre had been very good to facilitate outdoor and window visits during the period of level 5 restriction. As these had been eased the inspectors met a visitor who's relative was enjoying an inside visit during the inspection. The dining room was set up with access from outside for the relative and internal access for the resident. A protective screen allowed for social distance and safety. Inspectors also saw great efforts were made to facilitate outdoor visits with the introduction of well constructed outdoor shelter in the garden area and areas with outdoor seating to provide comfort and protection. Window visits were facilitated and visiting on compassionate grounds was also available. Residents also spoke to their families via phone and video calls.

There was evidence that the centre was embedded in the local community and local businesses, organisations and shops had donated treats for the residents during the

pandemic and the inspectors saw a box of Christmas presents donated, one for each individual resident to let them know that people are thinking of them. A local school choir had performed outside the nursing home for the residents bringing Christmas cheer. The residents really enjoyed these experiences and said it cheered them up. Inspectors observed there was little social activity going on particularly in one side of the centre. Although there was a short session of ball throwing and board games, residents told the inspectors it could be a long day with little to do. Residents were very complimentary about the activity co-ordinator but he only worked four afternoons a week and they loved to see him coming in and said they enjoyed the bingo and music and would like more activities. Residents were very complimentary about the activity co-ordinator but he only worked four afternoons a week and they loved to see him coming in and said they enjoyed the bingo and music and would like more activities.

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

Prior to the recent COVID-19 pandemic, Sacred Heart Nursing Home, operated by Sacred Heart Nursing Home Limited, had a good level of regulatory compliance. On those occasions where issues were identified on inspection, the provider had the capacity, and was willing, to make the changes needed to ensure that residents were safe and well cared for.

The centre is family owned and operated and the management structure consisted of the registered provider, a limited company which had four directors who were responsible for the running of the centre. A Person in Charge, responsible for the day-to-day operations of the designated centre, was supported by an Assistant Director of Nursing, nurses and a staff team of carers, one activities staff, housekeeping and catering staff. Part time administrative support was available and maintenance work was organised when required.

This unannounced inspection was triggered by unsolicited information raising concerns about the quality of care, residents' personal possessions, communication, complaints management and staffing. Inspectors found that residents received a good quality of care however, some findings supported the concerns in relation to personal possessions, complaints and staffing. Inspectors found that the residents' quality of life had been greatly impacted because of the reduction in activities provided. While this was partly due to the COVID-19 restrictions in people attending the centre, inspectors found that care was mostly task orientated. This is further discussed in the quality and safety section.

The inspectors acknowledged that residents and staff living and working in centre had been through a challenging time and they have been successful to date in

keeping an outbreak of COVID-19 from the centre. Regular swab tests had confirmed all staff to be negative for COVID-19 and required precautions were in place to prevent infection. There was a comprehensive preparedness plan in place in the event of an outbreak and the person in charge met regularly with the HSE and public health to ensure effective systems were in place. However, inspectors identified that the current staffing levels and skill mix required review to enable the centre operate with two separate nurse led teams taking into account the size and layout of the centre. This is to ensure effective infection prevention measures to prevent the number of staff/resident contacts and also in the event of an outbreak of COVID-19 in the centre. The centre staff and management had worked hard to develop contingency plans to prevent an outbreak of COVID-19. Centre management had developed and maintained pathways to the HSE's infection control and public health departments and participated in fortnightly remote meetings in their local community health area.

Oversight of quality and risk management required review as inspectors found several areas that required improvement including those relating to; fire risk, infection control risk, premises, personal possessions, complaints, nutrition and dining experience, resident's choice and opportunities for meaningful occupation and activities.

### Regulation 15: Staffing

The centre was not sufficiently staffed to cope with an outbreak of COVID-19. The current staffing arrangements provided for two nurses and one care staff from 21.00hrs to 07.00hrs to provide care and assistance to all of the residents. This did not allow for two separate, nurse led teams of staff to care for the residents.

The provider was issued with an urgent action plan and took immediate steps to mitigate this risk. Extra resources were put in place to ensure two nurse led teams were in place between 07.00hrs and 23.00hrs. An on-call system was put in place to ensure staff were available to the centre between these hours. The provider also undertook to recruit extra night staff in order to meet the assessed needs of the residents.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

An up to date training matrix was submitted following the inspection which indicated that all staff had completed training in the prevention and management of COVID-19, correct use of PPE and hand hygiene. The person in charge was satisfied that all



staff had access to and had completed appropriate training to enable them to prevent and deal with an outbreak in the centre. Staff were observed to be following correct infection control procedures with the use of PPE and hand hygiene.

Mandatory training was up to date, for example, safeguarding, manual handling and fire evacuation drills.

Judgment: Compliant

### Regulation 23: Governance and management

Systems in place to monitor the quality and safety of care required review as several areas for improvement which were impacting on the quality and safety of care had not been identified. Staffing resources required review to ensure sufficient staff were available to provide safe cohorted care in the context of the national public health emergency due to COVID-19.

There was a clearly identified management structure and the Person in Charge and Assistant Director of Nursing had protected management time. Prior to the pandemic the centre had regular management and staff meetings. In response to the changing needs of residents and staff, the centre now had a daily communication where pertinent issues and changes are communicated to all staff. Families were communicated with by telephone and email. Resources were available to facilitate video calls for residents. Visiting had been maintained and continued in accordance with the national guidance. Additional resources provided both indoor and outdoor safe visiting areas for residents and families.

Monthly audits of key performing indicators were completed, for example, in medication management, falls and nutrition. However the results of these audits did not always result in improvements in service provision. With nutrition, for example, the service had not identified their very high levels of nutritional supplementation therefore opportunities to review nutrition management and meals was lost.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. Inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

The management of complaints in the centre required review. There was confusion and uncertainty as to what constituted a complaint, this resulted in lost opportunities for quality improvements in the service. For example, a concern about the condition of clothing and lost items was not considered a complaint and therefore not reviewed.

Judgment: Substantially compliant

### Quality and safety

There was evidence of consultation with residents through formal residents' meetings, one to one consultations, surveys and resident's religious preferences were ascertained. Residents' needs were being met through good access to health care services and some opportunities for social engagement. However, improvements were required with the provision of social aspects of care and residents rights and choice. Improvements were also required with aspects of the management and oversight of fire, infection control, residents' personal possessions and premises issues.

The design and layout of the newer part of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The centre was seen to be clean with the exception of parts of the kitchen, which required improvement. A number of bedrooms in the older part of the centre required review particularly the multi-occupancy rooms. A number of these rooms were found not to allow for social distancing, afford residents privacy and easy access to their personal belongings. The centre was generally maintained in a good state of repair and decor but some items of bedroom furniture required repair.

A number of mobile residents' were seen to freely mobilise around the corridor's. Resident's health care needs were met. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals and out-patient services. Wound care was well managed using scientific and evidenced based practices. Residents and relatives expressed satisfaction with the medical care provided and inspectors were satisfied that residents' health care needs were well met. The assessment process involved the use of a variety of validated tools and care plans were found to be person centred and sufficiently detailed to direct care. There was evidence of some good aspects of social care for the residents as already identified in the report with residents enjoying music, bingo and exercises. The

inspectors acknowledged that many of the external activities were cancelled because of the COVID-19 pandemic. However, inspectors identified that further improvement was required in the provision of social aspects of care as a number of residents received limited social stimulation.

The centre had procedures in place for the prevention and control of health care associated infections. Additional procedures were in place to help prevent and manage an outbreak of COVID-19. Staff and management had worked hard to date and had managed to avoid an outbreak in the centre. All staff were following public health guidance in the use of PPE in the centre and ample supplies of PPE were available. Good practices were observed with hand hygiene and social distancing and signs were in place to remind residents and staff of their responsibilities. The staff uniform policy had also been updated and included mandatory changing of uniform when coming on and off duty. Additional cleaning procedures and frequencies were in place and the centre was generally clean throughout. Staff were competent in infection control procedures and were participating in the fortnightly screening for COVID-19.

Risks associated with fire safety had not been identified in the centre. These included risks relating to fire prevention, containment and evacuation safety issues. The person in charge was responsive to the inspectors' concerns and undertook to address all of these issues. Bags of items that were placed on a fire escape stairs were removed during the inspection and the person in charge undertook to safely store a large oxygen cylinder outside the building.

## Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from risk of contracting COVID-19 infection. Staff were committed to ensuring residents and their families remained in contact by means of planned visiting in line with the national guidance. A schedule of arranged visits was in place. Visiting controls included symptom checking and a visitor health risk assessment before the visit, hand hygiene, maintaining social distancing, cleaning of the room following every visit and appropriate supervision to allow for privacy and supervise compliance with the controls in place. A visiting room was made available which was laid out to facilitate social distancing, with a screen to prevent direct contact, this was set up in a dining room where the visitor could enter without coming through the nursing home. External visiting was also facilitated in the garden area where the provider had put in place a comprehensive shelter that again facilitated social distancing and offered residents and visitors protection from the elements. Window visits were also facilitated. Visitors could book an appointment and a schedule of arranged visits was in place there was good flexibility around times and visiting was available seven days per week.

Judgment: Compliant

## Regulation 12: Personal possessions

Inspectors observed that in some of the shared bedrooms wardrobes were small in size and did not facilitate residents to store adequate amounts of clothing. In some of the three bedded rooms the wardrobe was at the other side of the room at the end of another resident's bed. This did not allow residents to retain control over their own personal belongings.

Judgment: Substantially compliant

## Regulation 17: Premises

The building had been extended over time and consisted of an older part and new part. The older section of the building had multi-occupancy rooms, one four bedded room, three three-bedded rooms and twin rooms. The layout and occupancy of these rooms required review to ensure that residents living in these rooms had adequate space to mobilize, watch TV, access the sink and access their personal belongings. Inspectors observed beds very close together and some rooms did not have enough space for basic furniture such as an armchair and bedside locker for all of the residents in the room. While these rooms met the minimum space requirements, some rooms, for example, room 15 a twin bedroom, did not have sufficient space for the safe use of a hoist. Nor did it have sufficient space for a resident to sit out of bed and watch the TV if they chose to do so. Some rooms, for example rooms 12, 14, 16, 17 and 24 were not suitable for high dependency residents as there was not sufficient room to use a hoist and accommodate specialised equipment such as a high dependency chair. This required review.

An extractor fan in the smoking room was not working properly resulting in a very strong smell of cigarette smoke along one corridor of the centre, this smell extended into one of the centre's dining rooms and other residents' bedrooms.

Storage facilities in the centre had been reduced when the function of three rooms in the lower ground floor had changed to provide staff accommodation. This did not impact on residents as they did not use the lower ground floor but inspectors noted that equipment was now stored on the protected corridor and could potentially obstruct an escape route. The floor plans and statement of purpose which informed the condition of registration did not reflect the change of use of these rooms. This was discussed during the inspection and the provider was willing to come into compliance by removing the equipment from the protected corridor and re-submitting relevant documents to change the use of the rooms in the designated centre.

Judgment: Not compliant

### Regulation 18: Food and nutrition

During the COVID-19 pandemic residents were no longer using the centers dining rooms and were having their meals in the day room where they spent most of the day or in their bedroom. The inspectors observed the dining experience and found it required review and improvement.

- Use of the dining rooms was restricted during the inspection and the majority of residents had their meals on small tables in the day rooms or in their bedrooms. This did not provide a conducive dining experience for residents or allow them to move to another area to dine.
- Residents did not receive dinners at the same time in the same room, inspectors observed many residents were long finished their dinners before others received their meal. This arrangement diminished opportunities for social engagement at mealtimes.
- Many of the residents took modified diets, on the day of the inspection the modified diets were not attractively presented and they did not look appetising.
- On the day of inspection 29 of the 46 residents took prescribed supplement drinks or other prescribed supplements. It was not evident what natural fortification of diets took place as this is a particularly high number of residents requiring artificial supplementation of their diet.

Judgment: Substantially compliant

### Regulation 27: Infection control

The centre had put in place additional procedures to help prevent or manage an outbreak of COVID-19, however the following areas required improvement;

- Personal equipment and supplies were stored on floors in en-suites and bedrooms, this posed an increased risk to residents from cross contamination.
- Some areas of the centre required cleaning for example windowsills, fly screens and walls in the kitchen. The deep cleaning schedule for the kitchen was not available on the day of inspection, this required review to ensure sufficient resources were in place to ensure a clean and safe environment for food preparation.
- Hair nets which were required by staff who work in the kitchen were not available in line with the centre's safe food procedures.
- There was no cleaning schedule for fabric chairs- this was discussed with management who were willing to find an effective method of cleaning and

- disinfecting fabric furniture.
- Some furniture required repair or replacement as they were worn, chipped and could not be adequately cleaned. For example chairs, lockers, wardrobes.

Judgment: Not compliant

### Regulation 28: Fire precautions

Only three aspects of the fire regulation were reviewed during this inspection. Regulation 28 (1)(a)&(b) and 28 (2)(i).

There was inadequate oversight of the risks associated with bedroom doors being wedged open in the centre. Routine practices meant that several bedroom doors were wedged open so that residents could see out and staff could observe residents during the day and at night. In the event of a fire emergency in the centre these doors would not close automatically and the risk of smoke and fire spread may be increased to these rooms.

A fire evacuation stairs at one end of the centre was impeded by several large black bags which the person in charge removed during the inspection. A protected corridor was used as a storage area and was filled with equipment which the provider undertook to remove. A large oxygen cylinder was stored in a landing however, the risks associated with combustion had not been considered and the person in charge undertook to store the cylinder safely outside the building. The centre had sufficient and safe oxygen supply from oxygen compressor units.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents assessments were completed using a variety of validated tools. Care plans were well maintained and regularly reviewed. Residents' plans of care were seen to be individualised and person-centered. Inspectors found that there was relevant information available within the care plans which was found to reflect the needs of a number of residents spoken with.

Residents weights and vital signs (temperature and blood pressure) were monitored monthly and they were seen to be referred to the GP when necessary. Residents had their temperatures recorded twice daily at the present time, due to the risk of developing COVID-19 and each resident had a COVID-19 care plan in place to address their individual needs. Risk assessments were undertaken for those residents who smoked, were a falls risk and those that exhibited responsive behaviours.

Judgment: Compliant

### Regulation 6: Health care

Inspectors saw that residents were supported to retain the services of their own GP's. Records confirmed that residents were assisted to achieve and maintain good health through medication reviews, blood profiling and annual administration of the influenza vaccine.

Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of information on admission and discharge from hospital. In line with their needs, residents had on going access to allied health care professionals including dietetics, speech and language therapy, physiotherapy, occupational therapy and chiropody. Inspectors also saw that residents had easy access to other community care based services such as dentists and opticians and a number of residents were visited by the community psychiatric team.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were policy and procedures in place for the management of responsive behaviours. Staff were knowledgeable regarding residents' behaviours and were compassionate and patient in their approach with residents. Care plans to support residents with responsive behaviours described the behaviours, the triggers to them and person centred interventions to engage or redirect residents.

There were nine residents using bedrails as a form of restraint at the time of the inspection. There was evidence that when restraint was used there was an assessment done to ensure it was used for the minimal time and as a least restrictive method. The inspectors saw that some alternatives to bedrails were trialled and the person in charge was aiming towards a reduction in restraint use.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors observed some areas where improvements in residents rights were required during the inspection as outlined below:

- The inspectors were informed by staff that a number of residents got up

washed and dressed and had breakfast and medication before the day staff commenced their shift at 08.00am. A small number of residents got up as early as 5.30am and the inspectors were assured by the person in charge this was by the residents' choice. However a list of residents choice of breakfast times confirmed that 14 residents out of a total of 46 residents had breakfasts between 6am and 8am and the inspectors were not assured that this high number of residents had made an informed choice to get up this early particularly in the dark winter mornings.

- Residents residing in the center's four bedded room tended to spend large parts of the day in their bedroom and the design and layout of this bedroom potentially impacted on the provision of choice for some of these residents. For example, the options for some residents to spend time alone, or watch television or listen to the radio station of their choice. Inspectors saw there was little movement or activities taking place for residents in this room.
- Residents were observed returned to bed in the early afternoon where they would remain for the night. Staff confirmed that some of these residents had been assisted to get up early in the morning and normally went to bed early in the day as a result. However some of the residents observed by inspectors could not express their choices about bed times and were also excluded from activities which took place in the late afternoons.
- As outlined under premises the three bedded rooms and twin bed rooms were seen to be small in size and did not provide adequate space to ensure the privacy and dignity of residents residing in these bedrooms.
- Although there was an activity schedule in place and residents were complimentary about the the activities co-ordinator, it was seen that he only worked four days a week and mainly in the afternoons. Long periods of inactivity were observed and residents confirmed that there was very little to occupy them during the mornings and days when the activity coordinator was not working.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially 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	Not compliant

# Compliance Plan for Sacred Heart Nursing Home OSV-0005557

Inspection ID: MON-0031472

Date of inspection: 16/12/2020

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Currently our staffing levels are in excess of the care hours required by the existing residents as assessed by the Modified Barthel tool and our staff: resident ratios are higher now than prior to the pandemic. As a small nursing home this is not financially sustainable in the longer-term.            However cognisant of reducing the risk further to residents and in line the highest standards highlighted within national guidance we are committed to continuing with two nurse led teams during the day and working towards rostering an additional healthcare assistant on night duty until such time as the threat of COVID-19 has passed or there is sufficient immunity built up within our residents and staff to significantly reduce the risk of transmission of the virus.            The additional healthcare assistant will be rostered on nights from 1st March 2021 subject to satisfactory recruitment of additional staff. In the interim, we have extended the evening shift with two healthcare assistants now rostered until 23:00hrs.            Furthermore an additional member of staff is rostered to be on-call between the hours of 23:00 and 07:00hrs.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            Daily communication meetings will continue as we continue to ensure pertinent issues are communicated timely with all staff during the pandemic.            The Director of Nursing will continue attending recurrent CHO5 meetings to discuss issues relating to COVID 19. Currently they are held weekly.</p>	

There is a new clinical nurse manager in post since 27th April 2020 in addition to the Director of Nursing and Assistant Director of Nursing. The CNM will provide additional clinical oversight to assist with the review of monthly audits including identification of any corrective action plans, feedback to staff and ongoing monitoring of care standards.

Additional staff are in the process of being recruited as highlighted under Regulation 15.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  
 Sacred Heart strives to resolve all concerns immediately to the satisfaction of the resident. Prior to the inspection verbal concerns which were resolved immediately or which were not identified as a formal complaint had not been documented in the complaints log. The PIC will ensure that all informal concerns/ complaints are now also documented (regardless of the nature or whether they are resolved or not).

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:  
 A full review of storage requirements will be undertaken. This will include consultation with residents through the use of a satisfaction survey, individual discussions and it will be scheduled as an agenda item at the next residents' committee meeting in February 2021. As documented under Regulation 17, we are in process of reviewing all multi-occupancy rooms and this will include storage requirements or access to personal possessions within bedrooms.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

We are currently in the process of reviewing all bedrooms (to include multi-occupancy rooms) to ensure residents' have the minimum floor space as required by legislation from 1st January 2022. This review will be complete by 1st April 2021. Bedrooms that do not meet the minimum size requirements will be reconfigured to ensure they will be compliant by this date. Any changes will be reflected in our Statement of Purpose and Function, admission criteria and notified to the Authority for registration purposes as required.

The extractor fan in the smoking room has been replaced to improve ventilation and the strong smell of smoke noted on inspection is now significantly reduced.

The Statement of Purpose and floor plans have been amended to reflect the temporary change of purpose of the storage rooms to accommodate additional staff changing facilities required by the pandemic. This revised Statement of Purpose has been submitted to the Authority with this action plan on 29/01/2021

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Residents are consulted with and offered the choice of where they would like to dine and this will continue to be reviewed on a regular basis through a number of different fora. However the system for delivery of food to the day rooms has now been reviewed to facilitate meals to be served to residents within the same room as near to possible at the same time.

We have liaised with a nutrition company who are in the process of launching a new online training, by their dysphasia chef. This is due to be launched next month and the training is in relation to enhancing the presentation of purée meals. The catering staff will be enrolled on this training when it is launched.

A full review of the residents currently on prescribed supplements is in progress and will be completed by 1st March 2021. It is to ensure that these are only used on the basis of a clearly documented clinical indicator or a recommendation from a dietitian. Natural food fortification is in use and will continue.

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

control:

Storage of items has been reviewed to ensure correct storage. Completed 17/12/2021. The deep cleaning schedule for the kitchen was reviewed on 17th December and is in place weekly.

A choice of disposable hair nets or chef hats for individual use are available in the kitchen.

The use of fabric chair is being reviewed and it is planned to phase them out of use by 1st March 2021.

An audit is being completed to ensure furniture is replaced where required. The audit will be completed by 1st February 2021 and will be completed monthly there after.

All Kitchen staff have previously completed food hygiene, hand hygiene and infection control training. They have been enrolled on additional food hygiene and HAACP training . This has been completed by the catering staff on 28/01/2020 and will be completed by the kitchen assistants by 15/02/2021.

Environmental hygiene audits will be completed at a minimum of monthly to provide further clinical oversight of the infection, prevention and control and cleaning standards.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The practise of holding doors open has been reviewed and has been discontinued with immediate effect. Staff and residents have been informed of this. This is being monitored by senior staff during a daily walk around.

Whilst some hold open devises have been installed some have been ineffective and deactivated as a result. These will be reviewed with the supplier and alternatives will be looked at for required doors. This is difficult at the moment due to the pandemic. It is hoped that a satisfactory solution will be sourced by 1st April 2021.

All equipment temporarily stored in a refuge area and staff corridor were removed during the inspection and this practice has been discontinued.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: To complement the schedule of activities facilitated by the activity co-ordinator, we have now assigned a dedicated healthcare assistant to provide activities in the morning and afternoon on the days he is off to ensure 7 days of activities.

It is hoped that we will be able to return our external providers which includes our hairdresser, two musicians and our physiotherapist once it its safe in relation to the covid 19 pandemic. They were all invited to be part of our vaccination programme to enable

the resumption of these activities.

Communications with all residents and their families has been issued to remind them of their ability to exercise choice around their daily activities including when to get up and go to bed. This information is scheduled to be reinforced at the next residents' committee meeting.

Furthermore a residents' satisfaction survey with a particular focus on their ability to exercise choice and to assess their satisfaction with their bedroom accommodation, will be issued to all residents by 15th February 2021.

As highlighted under Regulation 17 a full review of all residents' bedrooms is in progress

## 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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	01/04/2021
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Substantially Compliant	Yellow	01/04/2021



	and other personal possessions.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	24/12/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	01/01/2022
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	15/02/2021
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	01/03/2021

Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	01/03/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	01/04/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	01/03/2021
Regulation	The registered	Substantially	Yellow	01/04/2021

28(1)(a)	provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Compliant		
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	16/12/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	16/12/2020
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Substantially Compliant	Yellow	17/12/2020
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in	Substantially Compliant	Yellow	17/12/2020

	place any measures required for improvement in response to a complaint.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	21/12/2020
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	28/02/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	28/02/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	28/02/2021