Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Sacred Hearts Nursing Home
Name of provider:	Varna Healthcare Services Limited
Address of centre:	Roslea Road, Clones, Monaghan
Type of inspection:	Unannounced
Date of inspection:	16 October 2018
Centre ID:	OSV-0000156
Fieldwork ID:	MON-0025064

About the designated centre

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

The designated centre provides 24- hour nursing care to residents, male and female who require long-term and short-term care (convalescence and respite). The centre is a two storied building. There are 23 single bedrooms and 9 twin bedrooms with one en suite facility. The aim of the centre is to treat residents with dignity always remembering that each person is an individual.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38

How we inspect

To prepare for this inspection the inspector or 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
16 October 2018	10:00hrs to 19:00hrs	Siobhan Kennedy	Lead
16 October 2018	10:00hrs to 19:00hrs	Leanne Crowe	Support

Views of people who use the service

Residents who communicated with the inspectors were positive regarding the care provided/received and the facilities and services. In particular, residents were happy with the food and mealtimes, arrangements for visitors, activities and staffing.

Residents spoke about being supported to choose how they spend their day.They were able to identify a staff member who they would speak with if they were unhappy with something in the centre. None of the residents who communicated with the inspectors had any complaints or concerns about the care that they receive and no suggestions to further improve the services.

Capacity and capability

There was effective leadership and management and residents were experiencing a good service. The matters identified in the previous inspection carried out on the 27 February 2017 were addressed.

The person in charge who works full time in the centre had a good knowledge and experience in the provision of residential care. He provided good leadership to the staff team. The nominated person who was available in the absence of the person in charge also facilitated the inspection process and was knowledgeable regarding her role, management of the centre and care and condition of residents. The provider was available for feedback at the conclusion of the inspection. An annual review of the provision and quality of the service had been compiled. The quality and improvement section of the report identified areas for further development and a lot of work had already been progressed/actioned.

There was a recruitment policy and procedure and this was in compliance with employment and equality legislation including appropriate vetting. The numbers and skill mix of staff at the time of inspection met the needs of residents. The direct care to residents up to 13:00 hours was provided by two nurses and the supernumerary nurse manager was on duty to 17:00 hours with six carers. Ancillary support staff assisted this team. Residents confirmed that their needs were met and were complimentary of the staff team.

There was evidence that staff had access to education and training, appropriate to their role and responsibilities and had completed mandatory training, for example, fire safety, moving and handling, food hygiene and safeguarding. Other training opportunities related to dementia care, falls, capacity legislation, diabetes, infection control and advocacy. In discussions with the inspectors staff demonstrated that they were knowledgeable and skilled in in their area of care. Some staff had not

participated in basic life skills/ cardiopulmonary resuscitation (CPR) training since 2014. Staff were monitored and supervised. The person in charge completes appraisals with staff to review their professional development.

A process to effectively manage complaints was in place. Verbal and written complaints received were recorded in the complaints log. This log also contained information relating to the investigation into the issues raised, the outcome of the investigation and whether the complainant was satisfied with the outcome.

The inspectors reviewed a sample of contracts of care and since the last inspection they had been updated to identify the provision of bedroom accommodation. An agreed contract of care was in place for all residents in the centre.

A sample of the contracts reviewed by inspectors found that they had been signed by the resident or their representative. Expenses not covered by the overall fee and incurred by residents were identified.

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced nurse who has authority in consultation with the registered provider representative and is accountable and responsible for the provision of the service. He was appointed to the role of the person in charge in Jan 2016 and has participated in opportunities to keep his professional development up to date. He demonstrated to the inspectors his knowledge of the regulations and standards pertaining to the care and welfare of residents.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents and staff it was found that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Generally staff had access to appropriate training and were up to date on their mandatory training. It would be beneficial if additional staff members received CPR training.

Judgment: Compliant

Regulation 23: Governance and management

An effective governance structure was in place with clear lines of accountability so that all staff working in the service were aware of their responsibilities and to who they are accountable. There were sufficient resources to ensure the effective delivery of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had an agreed written contract in place. The information required by the regulation was available, including the services to be provided, occupancy and the fees to be charged to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the facilities and services, provided details about management and staffing and described how residents' well being and safety was being maintained. The narrative of the premises did not include the number, description, location and measurement of toilet facilities in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a policy and procedures for the management of complaints, which was

accessible to residents, their relatives and representatives. An appeals process was in place in the case of unsatisfactory resolution of complaints. A summary of this policy was displayed at the entrance to the nursing home.

A complaints log indicated that both verbal and written complaints were dealt with. This log contained all of the information required by the regulations. There was a system in place to monitor the recording of, and responding to, complaints.

Judgment: Compliant

Quality and safety

There was a good atmosphere in the centre and residents and staff interacted well.

Residents were consulted regarding the running of the centre. A quarterly residents' meeting was chaired by a resident, with meeting minutes indicating that residents' feedback was sought on a variety of topics including food, activities, quality of service and cleanliness of the centre. It was evident that actions from each meeting were followed up and completed by the centre's management team.

Residents' choices and rights were respected by staff. Residents' individual routines were known and adhered to by staff. Residents were supported to practice their faith, and arrangements were being made to facilitate voting in the upcoming presidential election and referendum. Staff were observed offering choice to residents and requesting their permission before completing tasks. An advocacy service was available to residents.

An activity co-ordinator was responsible for the provision of a variety of group and one-to-one activities on a weekly basis. On the day of the inspection, residents were supported to participate in group activities such as bingo and a discussion regarding news of the day. A number of one-to-one activities took place with a number of residents throughout the day.

Residents were supported to maintain links with their local communities through the use of telephones, internet facilities, and attending the local day care services.

There were systems in place to safeguard residents, including regular training of staff. Residents spoke about feeling safe and secure in the centre. The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspectors. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. The provider is an agent to manage pensions on behalf of a small number of residents. Transparent systems were in place. Each resident had an account in their own name into which any monies accrued were lodged. Two signatures were recorded for each transaction. Residents' bank statements were made available to residents.

The medical and health care needs of residents were met. Residents' individual care plans were developed and this included assessment of needs and treatment plans. On admission a range of risk assessments were completed and were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, nutritional care, the risk of developing pressure sores, continence needs and cognitive functioning. Residents received the health care which they needed. Staff liaised with the community services regarding admission and discharge arrangements and appropriate referrals were made to the community health care professionals.

Residents received palliative care based on their assessed needs and this aimed at maintaining and enhancing their quality of life and respected their dignity. Staff provided this care to residents with the support of their general practitioner and the palliative care team if required. Residents had an end of life care plan in place which reflected their wishes. The management of medicines was satisfactory.

There was a policy and procedure in place to guide staff on meeting the needs of residents with responsive behaviour. These gave clear guidance to staff. Behavioural charts were available to record patterns of altered behaviours. These were discussed and reviewed at clinical and multidisciplinary meetings including the psychiatry team if necessary.

While there was a policy and procedures in place to manage risk in the centre, inspectors identified specific hazards that had not been included in the risk register. These required assessment to ensure that appropriate measures could be implemented to control the risks. A local initiative had been developed in conjunction with a number of key stakeholders to implement a plan for responding to major incidents. The centre's health and safety committee was involved in this initiative. The committee met on a quarterly basis and were also responsible for monthly and weekly audits of the environment, such as fire safety, moving and handling practices and food safety.

Overall, the premises was homely and comfortable.The centre, a two storey building is set in its own grounds on the outskirts of a small town. It contains a variety of communal rooms and bedroom accommodation. Both floors are serviced by a lift.

While call bells were located in the majority of rooms, inspectors noted that one had not been installed in a toilet that was available for use by residents. In addition to this, the mobile call bell panels that were assigned to two particular rooms were not in place on the day of the inspection. This was discussed with the person in charge and registered provider representative on the day of the inspection.

Regulation 13: End of life

Appropriate care and comfort which addressed the individual needs of residents was

provided when residents were approaching their end of life.

Judgment: Compliant

Regulation 17: Premises

Bedroom accommodation consists of 23 single bedrooms and 9 twin bedrooms with one en suite facility. The person in charge explained that an ongoing mobility assessment is carried out with residents accommodated in seven bedrooms because the size of the rooms would not accommodate residents who require the use of assistive equipment such as a hoist.

While the conditions of registration stated only mobile residents can reside in certain bedrooms it was found that this condition was not applicable in the case of one resident and this was subsequently addressed by the provider through the submission of an application to vary the condition.

The inspectors found that residents were encouraged to personalise their rooms with possessions and memorabilia. Door knockers had been placed on bedroom doors to imitate front doors and the majority of residents had also hung personalised signs on their doors that reflected their interests and life histories.

Communal space included a large day room, a parlour, a dining room, a sensory room, hair salon, visitors' room and chapel. These rooms were decorated in a comfortable and homely manner, and were well used by residents throughout the day. A number of seating areas were also located throughout the building.

Sanitary facilities include one bathroom and one shower room on each floor and and a number of toilets were available throughout the building. These rooms contained handrails and grab rails to support residents' movement.

Access from the main entrance throughout the centre was provided by a narrow corridor that ran through the building on both the ground and first floors of which most areas of the centre were accessed. The corridors have a single handrail. While staff managed movement through the corridors, the width of the corridors was still noted by inspectors as being a restriction to easy movement through the centre at times.

Overall, both private and shared bedrooms were adequately furnished, although inspectors identified that the placement of curtains in some twin rooms required review in order to ensure residents' privacy and dignity. Inspectors were informed that this had already been identified by the management team and was in the process of being addressed.

A secure external garden was accessible from the ground floor, and a smoking room

was available to residents.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy and procedures had not been fully implemented, particularly in relation to hazard identification and assessment of risks as the following issues were identified during the inspection:

- The step up from the hair salon to the viewing area could be a potential risk.
- Emergency call bells were not fully available/accessible throughout the centre.
- The exit into the secure garden was held open and the keypad on the external gate from this area was not operational but was immediately addressed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The management of medicines was satisfactory.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Adequate arrangements were in place to assess residents' needs and treatment plans were described in individual care plans which were formerly reviewed.

Judgment: Compliant

Regulation 6: Health care

Adequate arrangements were in place to assess residents' needs and treatment plans were described in individual care plans which were formerly reviewed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had participated in training to update their knowledge and skills appropriate to their role, to respond to and manage behaviours that are responsive. Restraint measures were used in accordance with the national policy.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard all residents. All staff had up-to-date training in the prevention, detection and response to abuse. The registered provider representative confirmed that all staff had completed An Garda Síochana vetting in place prior to commencing employment.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to exercise their rights and maintain choice in their daily lives. Staff facilitated residents to maximise their independence. Residents were supported to practice their respective faiths, and mass services were held in the centre's chapel. The centre was part of the local community and residents had access to radio, television, newspapers, Internet and information on local events.

Staff ensured that residents' privacy and dignity was respected. Staff knocked on bedroom doors prior to entering and care was provided to residents in a discreet manner.

Recreational facilities were provided and an activities programme was carried out in line with residents' interests and capacities.

Advocacy services were available to residents upon request.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	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 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sacred Hearts Nursing Home OSV-0000156

Inspection ID: MON-0025064

Date of inspection: 16/10/2018

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of Purpose has been updated on 14th November 2018	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: • The door from the hair salon to the viewing area has been locked. Access is only required for maintenance purposes and this area has never been in use by residents. 12/11/2018 • Additional calls bells are now in place in all areas identified as required. 24/10/2018 • The keypad to the secure garden area was repaired on the day of the inspection and has been added to our checks list for regular and timely checking	

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 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	12/11/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	14/11/2018