

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sacré Coeur Nursing Home
Centre ID:	OSV-0000278
Centre address:	Station Road, Tipperary Town, Tipperary.
Telephone number:	062 51157
Email address:	selma.kelly@sacrecoeur.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sacré Coeur Nursing Home Limited
Lead inspector:	Vincent Kearns
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
29 January 2018 08:00	29 January 2018 17:30
30 January 2018 07:30	30 January 2018 15:30

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

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

Summary of findings from this inspection

Sacr e Coeur Nursing Home was originally established in the early 1900s and was initially used as a military convalescence facility. The centre is located just on the outskirts of Tipperary Town. The original premises was two storey with a further modern two storey extension. The centre can accommodate 26 residents and on the day of this inspection there were 25 residents living in the centre. There is a well-

established enclosed secure garden area available to residents and the centre is within walking distance of the local shops, a GAA pitch, railway station, churches and other amenities. The statement of purpose states that the centre accommodates both female and male residents aged 18 years and over with the following care needs: general care, dementia care, respite care, palliative care, acquired brain injury care and intellectual disability care. All nursing care is provided on a 24-hour basis. The statement of purpose also outlines that the centre provides care for residents with low, medium, high and maximum dependency needs.

During this inspection the inspector met with residents, relatives, the provider representative, the person in charge, the assistant director of nursing and catering staff, nursing and healthcare staff members. The inspector observed practices and reviewed documentation such as policies and procedures, care plans, medication management practices, staff records and accident and incident logs.

The inspector saw that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. The atmosphere within the centre was homely, comfortable, in keeping with the statement of purpose and assessed needs of the residents who lived there. Overall, the inspector found the staff team, the person in charge and provider representative were committed to providing a good quality service for residents that was homely and person-centred.

The findings of this renewal registration inspection are set out under 18 outcome statements. From the 18 outcomes reviewed during this inspection, 13 outcomes were compliant and four outcomes were deemed to be substantially compliant. One outcome health and safety and risk management was deemed to be moderately non-compliant. Evidence of compliance is discussed throughout the report and the action plan at the end of the report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that was dated as most recently reviewed in January 2018. The statement of purpose and function was viewed by the inspector and it clearly described the service and facilities provided in the centre. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. The statement of purpose also included the staffing structures and numbers of staff in whole time equivalents as well as the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007. There was evidence that the statement of purpose was kept under review and readily available for residents and staff to read. The inspector noted that copies of the statement of purpose were located in a number of areas of the centre including the visitors' room and the residents' sitting room.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector spoke with day and on night duty care staff, catering staff, the assistant director of nursing, the person in charge and the provider representative. All outlined a clearly defined management structure that was in place. This structure identified who was in charge, who was accountable to whom and the reporting relationships within the organisation. Staff who spoke with the inspector were able to demonstrate good knowledge of this system. The provider representative was very accessible to residents and to support staff and the person in charge as she was based on site and was in the centre for at least three out of the five days each week. The provider representative spoke with the person in charge on a daily basis and formally met her at a number of management meetings that were held as required, but at a minimum every month. There was also evidence of meetings with staff and regular meetings were held with residents. The person in charge was supported in her role by an assistant director of nursing.

The annual review into the quality and safety of care delivered in the centre as required by regulation and was made available to residents. The inspector noted that copies were available in the residents' "Information Pack" that also contained copies of the previous HIQA inspection report, the residents guide and a sample of the residents' contracts. There was a system in place to improve the quality and safety of the service. For example, the person in charge supported by other staff, conducted regular audits and there were staff and management meetings to review and develop action plans in response to any identified issues. These audits were available to the inspector and included, amongst others: medication management, admissions and discharges, care planning, privacy and dignity, end of life care, meals and meal times, manual handling, restraint practices and wound care. The person in charge outlined how these audits informed the overall quality and governance of the centre. The person in charge explained how the findings and actions from these audits were used to focus areas for improvement in the centre. For example, results from the audits had been developed into action plans for changes such as additional staff training, changes to care planning, and some changes to residents care assessments. The inspector noted that over the past year there had been at least one audit completed each month in the centre.

This centre was relatively small in its size and was homely in its design and layout and the person in charge was well known to all residents to whom the inspector spoke with. She informed the inspector that she made getting to know all residents a priority and described how she met all residents each day. The person in charge attended the residents' forum meetings with the most recent meeting recorded as being held in January 2018. From a review of the minutes of these meetings it was clear that issues identified were addressed in a timely manner and that the person in charge was proactive in addressing any concerns or issues raised. Where areas for improvement were identified in the course of this inspection; the person in charge and the provider representative demonstrated a conscientious approach to addressing these issues in a robust manner and displayed a commitment to compliance with the regulations. This commitment was also evidence by the completion of all actions from the previous inspection and the improved level of compliance identified on this inspection.

There was also evidence of good consultation with residents and relatives via the

returned resident/relative questionnaires that were provided as part of this renewal registration inspection. The overwhelming majority of the questionnaire responses were very positive and complementary of staff and the care and support provided. Staff were identified as being very supportive and approachable by respondents to these questionnaires. However, inadequate staff at certain times in the evening or at weekends and the provision of suitable activities had been highlighted in two returned questionnaires. In addition, two visitors (that were visiting the same resident) to whom the inspector spoke also identified staffing at certain times to be an issue. This matter was further discussed under Outcome 18 of this report.

From speaking to residents, staff and a review of documentation the inspector noted that there was evidence of good consultation with residents and their relatives. All residents and most visitors with whom the inspector spoke with stated that they were happy with the service provided and they were kept well informed. The provider representative gave an example of this consultation in relation to the installation of new screening in a number of residents' bed rooms. Each resident whenever possible, had chosen their own individual new bed screen for their own rooms prior to their installation. This consultation was confirmed by resident to whom the inspector spoke.

Residents appeared well cared for and a number of residents were able to self-advocate and confirmed to the inspector that staff and the person in charge were very supportive to them. Residents to whom the inspector spoke also said that they felt safe living in the centre and were well cared for. The overall atmosphere in the centre was homely, staff were welcoming, and the centre was warm, clean and well ventilated on both days of inspection.

The provider representative outlined to the inspector a number of improvements that had been completed in the centre over the past year. For example, improvements included the completion of fire safety upgrading works such as additional fire doors to resident's bedrooms, new and upgraded fire escape stairs to the side of the building and upgrading fire proofing to the kitchen area. There had been improvements in the premises with a widening of one corridor on the ground floor to improve general access for residents. There had been repainting of a number of residents' bedrooms, the staff room and offices. There had been the installation of new televisions in a number of residents' bedrooms, some additional new armchairs and new dementia friendly wall clocks were placed in a number of areas. There had also been improvements in the area of infection control for example, new storage facilities for linen and enhanced sluice and laundry facilities and a residents' communal bathroom had been retiled.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A sample of residents' contracts of care was viewed by the inspector and each contract had been signed by the residents and/or their relatives. The inspector noted that since the last inspection the contracts had been reviewed and updated and found that the contracts were clear, user-friendly and outlined all of the services and responsibilities of the provider representative to the resident and the fees to be paid.</p> <p>A Residents' Guide was also available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.</p>
<p>Judgment: Compliant</p>

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge had considerable clinical and nurse management experience and had been in the post of person in charge/Director of Nursing in the centre since 2014. She held the post in a full-time capacity and was a registered nurse with good experience appropriate to the role. She had been previously worked as a Director of Nursing in another centre from 1994 until 2010. She had also been employed as the person in charge in another centre that was managed by the provider representative from 2011 until 2012. The person in charge was employed full time and was a nurse with more than three years' experience in the area of nursing of the older person within the previous six years. The inspector found that she was knowledgeable of the relevant legislation and of her responsibilities under the legislation. The person in charge had retained a strong clinical role in the delivery of services to residents.</p> <p>The person in charge demonstrated her commitment to her own professional development and education. For example, she had completed courses and attended workshops and seminars in relation to quality improvement and audit, nutrition, end of</p>
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life and medication management. The person in charge had attained a post-graduate diploma in gerontology nursing and completed a certificate in supervisory management.

The person in charge demonstrated in-depth knowledge of residents, their care needs, and a strong commitment to on-going improvements of the centre and the quality of the services provided. She was seen and reported to be visible, accessible and effective by staff, residents and relatives. The staff reported that the person in charge was approachable and supportive. Throughout the inspection, the inspector observed that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre-specific policies reflected the care given in the centre and informed staff with regard to up-to-date evidenced best practice or guidelines. There was evidence that there was on-going training to staff on policies and procedures and staff to whom the inspector spoke appeared knowledgeable in relation to the centres' policies.

A sample of residents' records was reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector reviewed the centre's operating policies and procedures and noted that the centre had policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The inspector also reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations. The inspector was satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in

a manner so as to ensure completeness, accuracy and ease of retrieval. Overall records were seen to be maintained and stored in line with best practice and legislative requirements. For example, residents' care plans were stored in the nurses' office on a shelf which meant that they were secure and easily retrievable for staff.

The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector. The inspector viewed the insurance policy dated June 2017 and saw that the centre was insured against accidents or injury to residents, staff and visitors.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were suitable deputising arrangements in place to cover for the person in charge when she was on leave. The assistant director of nursing on duty was in charge in the absence of the person in charge. The inspector noted that there had been no instances since the last inspection whereby the person in charge was absent for 28 days or more and the provider representative was aware of their responsibility to notify HIQA of any absence or proposed absence.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The provider representative and the person in charge were actively engaged in the operation of the centre and providing oversight on a daily basis. There was evidence of good recruitment practices including verification of references and a good level of visitor activity. The provider representative confirmed that all staff and volunteers were suitably Garda vetted. The provider representative also confirmed that there was no active reported, suspected or alleged incident of abuse in the centre. The inspector was satisfied that there were policies and procedures in place for the protection of residents. All staff spoken with confirmed their attendance at elder abuse training and were clear on their responsibilities. Staff outlined for example, their confidence in the person in charge and the provider representative to take appropriate action if and when required.

The inspector saw that there were positive and respectful interactions between staff and residents and that a number of residents were comfortable in asserting themselves and bringing any issues of concern to any staff, the provider representative or to the person in charge. Residents spoken to clearly articulated that they had full confidence in the staff and expressed their satisfaction in the care being provided.

In relation to residents' financial transactions, the inspector spoke informally with residents throughout the inspection and the feedback received from them was positive. The inspector reviewed the arrangements in place in relation to the maintenance of residents' day to day expenses and the centre supported a small number of residents to manage some of their own financial transactions. The inspector reviewed the system in place to safeguard residents' finances which included a review of a sample of residents' records of monies. The inspector noted that all lodgements and withdrawals were adequately documented or signed for by residents and/or their representatives and management staff. The provider representative was a pension agent for a small number of residents. In relation to these pension accounts there were transparent arrangements in place to safeguard residents' finances and financial transactions. The provider representative confirmed that she was fully compliant with the Department of Social Protection guidelines for pension agents.

There was a policy on challenging behaviours and staff to which the inspector spoke with were knowledgeable in suitable de-escalating techniques. The inspector noted that there were few residents identified as having challenging behaviours living in the centre. From the sample of records viewed, there was evidence that for each resident who presented with challenging behaviours there were suitable nursing assessments including antecedents, behaviours and consequences (ABC) charts. Residents who presented with challenging behaviours were also reviewed by their GP and referred to other professionals for review and follow up as required. All staff had received up-to-date training in this area and the inspector noted from the training matrix that training in dementia care had also been provided for all staff.

There was a centre specific policy on the use of restraint dated as most recently reviewed in January 2017. There was a low incidence of restraint use in the centre and there was evidence that the use of restraint was in line with national policy. The restraint register recorded four residents using bedrails on the days of the inspection. For residents with any form of restraint, there was evidence that there was regular

checking and monitoring of residents, discussion with the resident's family and the GP. The inspector saw that there were assessments in place for the use of restraint, which identified what alternatives had been tried to ensure that the particular form of restraint was the least restrictive method to use. The inspector was assured by the practices in place and saw that whenever possible alternative measures were used for example low beds and alarm mats.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

All the actions in relation to the health and safety Outcome from the previous inspection had been completed. The inspector noted that there had been a number of improvements including the completion of fire safety works such as adding additional fire safety doors to resident's bedrooms and upgrading fire proofing in the kitchen area. The provider representative outlined that they had also added a new and upgraded fire escape stairs to the side of the building. In addition, one corridor on the ground floor had been widened to improve general access for residents.

There were suitable fire safety measures in place and the directional signage and appropriate fire procedures were available throughout the centre. There were completed logs maintained on daily, weekly, monthly basis in relation to fire safety. The inspector noted that staff were diligent in ensuring that the visitors register which was located near the entrance, was comprehensively and contemporaneously completed and maintained. There were also records of quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. The inspector noted that the emergency lighting and the fire alarm were last serviced in January 2018. Certification of testing and servicing of extinguishers, fire retardant materials were also documented as most recently serviced in January 2018. There were fire and smoke containment and detection measures in place in the premises. All staff had received training in fire safety within the past 12 months. Staff spoken to were familiar with what actions to take in the event of a fire alarm activation and with the principles of horizontal evacuation. Practiced fire drills were held regularly and the records viewed contained details of each evacuation including a note of the competency of staff in the use of evacuation equipment such as evacuation sheets. These records also identified where improvements to the procedure could be made. However, the records of the fire drills required improvement to also include the fire scenario that was being simulation during

the practice. All residents had personal emergency egress plan's (PEEP's) which identified the level of mobility and evacuation mode for each resident. Copies of the PEEP's were available in a number of locations including near the entrance for ease of retrieval. These plans included the level of cognitive understanding, the need for supervision and the level of compliance of each resident in an emergency situation. The person in charge confirmed that a small number of residents smoked tobacco. A policy was in place and referenced the requirement for a smoking risk assessment for all residents who smoked. From a review of a sample of care plans, there were suitable risk assessments for each resident that individually risk assessed each resident's capacity to smoke safely. The inspector saw that where controls were required such as a fire retardant apron and staff supervision; that these were implemented in practice.

Manual handling practices observed were seen to be in line with current best practice and the training matrix recorded that all staff were trained in manual handling. The circulation areas, toilets and bathrooms were adequately equipped with handrails and grab-rails. Overall there were suitable governance and supervision systems in place to monitor residents at risk of falls and such arrangements were reviewed on an on-going basis by the person in charge. There was a risk register available in the centre and the inspector found that the hazard identification process was adequate. There was an up-to-date risk management policy that had been most recently reviewed in January 2018. This policy addressed the identification and assessment of risks and the controls that were in place including the requirements of the regulations. The centre had other policies relating to health and safety and the safety statement was dated as being reviewed in June 2017. There was a plan in place for responding to major emergencies likely to cause death, injury, serious disruption to essential services or damage to property. There was a record of incidents and accidents in the centre which recorded a low incidence of slips, trips and falls. Generally records seen were adequate to ensure arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. The inspector noted in one residents care plan there was a record of a resident with a significant cognitive impairment who had attempted to leave the centre unaccompanied. This resident had been suitably supported to return into the centre and had sustained no adverse effects from this experience. In addition, the residents GP and relatives had been informed of this near miss. However, the person in charge informed the inspector that she had not been made aware of this event as required by the centres risk management policy. In addition, this event had not been recorded in the centres' accident and incidents records.

Staff working on day and night duty reported to the inspector that they monitored and checked on residents at regular intervals and some residents had records of when these monitoring checks had been conducted. However, the inspector noted that not all residents who were being monitored by staff had adequate records completed following these observations.

Overall the premises, including the communal areas and bedrooms were found to be clean and there was adequate standard of general hygiene at the centre. Systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place. For example, regular training of staff, subtle staff infection control reminder notices and strategically placed hand sanitizer dispensers

located throughout the premises. There was personal protective equipment such as latex gloves and plastic aprons available in designed areas. The training matrix confirmed that all staff had completed training in hand hygiene and infection prevention and control and staff that were spoken with demonstrated knowledge of the correct procedures to be followed. The provider representative outlined a number of recent infection control improvements in the centre including the following:

- installed new storage cupboards for linen
- reorganization of sluice room, purchased six new commodes and additional storage facilities for commodes
- upgraded the facilities in the bathroom and laundry
- repainted a number of the internal areas including a number of residents' bedrooms, the staff room and offices.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a community retail pharmacist who supplied medication and supported the centre by providing a pharmacist who had visited the centre to provide medication reviews. There had been medication audits completed by the person in charge with the most recent audit dated as completed in April and September 2017. Following these audits, an action plan was developed which for example included further nursing staff training. The medication management policy was dated as being reviewed in June 2017 and nursing staff with whom the inspector spoke demonstrated adequate knowledge of the general principles and responsibilities of medication management. Medication administration practice was observed by the inspector. Nurses wore red "do not disturb bibs" while administering medications and the inspector noted that the nursing staff adopted a person-centered approach. For example, when administering medication staff were observed interacting with each resident in a supportive and consider manner; speaking to residents and eliciting feedback prior to administering medication. Medicines were stored in a locked cupboard, medication trolley or within a locked room only accessible by nursing staff. Medicines requiring refrigeration were stored securely and appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range and the temperature was monitored and recorded daily.

Compliance aids were used by nursing staff to administer medicines. A sample of medication prescription records was reviewed. The practice of transcription was in line

with the centre-specific policy and guidance issued by An Bord Altranais agus Cnáimhseachais for all prescriptions seen. There were measures in place for the handling and storage of controlled drugs that were accordance with current guidelines and legislation. Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. Controlled drugs were recorded as administered in the medication administration records in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received by HIQA within three days of accidents and incidents as required. The inspector saw that there was a log of accidents and incidents that took place in the centre and cross referenced them with HIQA notifications received. However, as identified and actioned under Outcome 8 of this report the inspector noted one near miss incident had not been suitably recorded or the person in charge had not been made aware of this event as required by the centres' risk management policy.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was informed that all prospective residents were assessed by the person in charge prior to their admission into the centre. This pre-admission assessment was carried out to ensure that each resident met the specific admission criteria for the centre and to ensure that the centre could meet their individual health and social care needs. The statement of purpose stated that the centre accommodated both female and male residents aged 18 years and over with the following care needs: general care, dementia care, respite care, palliative care, acquired brain injury care and intellectual disability care. All nursing care was provided on a 24-hour basis. The statement of purpose also outlined that the centre provided care for residents with low, medium, high and maximum dependency needs. The inspector noted that on the days of inspection there were nine residents assessed as having low dependency needs, six residents assessed as medium dependency needs, three residents with high dependency needs and a further seven residents with maximum dependency needs. From the sample of residents care plans reviewed and from speaking to a number of residents, the inspector was satisfied that residents' healthcare requirements were met to an adequate standard. There was a morning and evening handover each day. On the second day of the inspection the inspector joined the morning handover meeting and noted that all nursing and care staff and person in charge discussed residents clinical, health and social care needs prior to commencing work in the centre.

Residents to whom inspector spoke to were very complementary about the kindness and standard of care and support provided to them by all staff. There was evidence to support that residents' healthcare requirements were regularly assessed by nursing staff and that arrangements were in place to meet their assessed clinical needs. On admission residents were facilitated to retain access to their GP of preference and there was evidence that the centre had regular access to medical support. There was documentary evidence that residents, as appropriate to their needs, had access to other healthcare professionals and services including dietetics, speech and language therapy, physiotherapy, occupational therapy, psychiatry, chiropody. There were also records of arrangements in place to facilitate optical and dental review. The inspector noted that the centre was also supported by the community palliative home care team, as required.

Care plans reviewed had been completed in consultation with the resident and/or their representative. Care plans seen were person centred, clearly set out the arrangements to meet identified needs as specific to each resident. They also incorporated interventions prescribed by other healthcare professionals for example, speech and language therapist or dietetics. A daily nursing record of each resident's health, condition and treatment given was maintained and these records seen were adequate. Each resident's vital signs were recorded regularly with action taken in response to any variations. On the days of inspection there was no incidence of residents with wounds. The inspector saw that the risk of wound development was regularly assessed. Preventative strategies including pressure relieving equipment were implemented. A validated assessment tool was used to establish each resident's risk of falling and there was evidence of the routine implementation of falls and injury prevention strategies including close monitoring of residents and low beds.

From review of a sample of residents' care plans it was evident that the resident's right

to refuse treatment was respected and recorded and brought to the attention of the relevant GP. There were procedures in place and records seen supported that relevant information about the resident was provided and received when they were absent or returned to the centre from another care setting. The inspector saw that each resident had a nursing plan of care. Nursing staff informed the inspector that nursing staff used a key-nurse system for care plan completion. From the sample of care plans reviewed the inspector was satisfied that the system was clearly understood by staff and the general standard of care planning was adequate. There was evidence that each care plan was informed by assessment and reassessment as required and at a minimum four monthly intervals. However, the inspector noted that there were a number of sections in some of the care plan assessments that were blank. These included the pre-admission assessments and an assessment in relation to a residents' potential for unexplained absence from the centre. In addition, some assessments had not been signed or dated by the assessing staff.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Sacré Coeur Nursing Home was originally established in the early 1900s and was initially used as a military convalescence facility. The centre was located just on the outskirts of Tipperary Town. The original premises was a two storey building with a further modern two storey extension added. The centre could accommodate 26 residents and on the day of this inspection there were 25 residents living in the centre. There was a well-established enclosed secure garden area available to residents and the centre was within walking distance of the local shops, a GAA pitch, railway station, churches and other amenities. The statement of purpose stated that the centre accommodated both female and male residents aged 18 years and over with the following care needs: general care, dementia care, respite care, palliative care, acquired brain injury care and intellectual disability care. All nursing care was provided on a 24-hour basis. The statement of purpose also outlined that the centre provided care for residents with low, medium, high and maximum dependency needs.

Each bedroom provided adequate storage for personal possessions including a lockable storage space. Since the previous inspection improvements had been made to providing

adequate screening in shared bedrooms. The provider representative had consulted with residents and/or their representatives prior to making these changes. On the days of inspection, there were adequate number toilets with wash-hand basins suitably located for resident's use. Resident accommodation was provided on both floors with eleven residents accommodated on the ground floor in three single bedrooms, two single bedrooms each with en suite toilet, wash-hand basin and assisted shower and two three-bedded bedrooms. An assisted bathroom with toilet was provided on the ground floor. The first floor was split level and was accessed by means of a stairwell and a stairs chair-lift. Six residents were accommodated at the lower level in three twin-bedded rooms. There is a turn in the stairwell (also serviced by the stairs chair-lift) that lead to five further bedrooms, one single and four twin-bedded rooms. A toilet on the ground floor was conveniently located to the communal and dining rooms and readily accessed by residents. Two bath/shower rooms with toilet facilities were provided on the first floor.

A day room, dining room and visitors' room was provided on the ground floor. The nurses' station was located centrally on the first floor and provided good observation of all resident accommodation areas. A secure, mature and well maintained garden was provided for residents. The provider representative outlined a number of improvements that had been made to the premises including new and upgraded fire escape stairs to the side of the building and widened a corridor on the ground floor of the building to improve general access for residents. There had been on-going redecoration with a number of areas repainted including the staff room and offices and a number of residents' bedrooms and corridors and new tiles were fitted to a bathroom. The communal areas had been enhanced with the use of small pieces of homely furniture, additional new armchairs, fresh flowers and landscape pictures at different locations throughout the premises. Following consultation with residents the provider also had refurbished two multi-occupancy bedrooms for example, with new bed screens and new televisions to enhance resident's personal living areas in accordance with their wishes and preferences. Adequate screening was also provided in the other shared bedrooms and residents to whom the inspector spoke with confirmed that they had been consulted with and had also made decisions in relation to all the changes to their bedroom. They informed the inspector that they were very happy with these arrangements. The inspector noted that a number of new digital clocks had been placed throughout the premises that were designed to assist people with dementia or cognitive impairment and who may have difficulty keeping track of the date and time. These clocks displayed the day and month in word format, as well as showing the time in traditional analogue format.

Overall, the inspector found the premises to be homely, visibly clean, well maintained, adequately heated, lighted and ventilated and in good decorative order. The necessary sluicing facilities were provided and access to high risk areas such as the sluice room and the laundry were restricted. The laundry was located in an external area and adequate security measures were in place. There was a designated wash hand basin provided in the laundry.

Circulation areas, toilet facilities and shower/bathrooms were adequately equipped with hand-rails and grab rails. Emergency call facilities were in place that were accessible from each resident's bed and in each room used by residents. The inspector noted that

since the previous inspection there had been a new call bell installed in the visitor's room.

A separate kitchen was provided and was located near to the dining room. The inspector observed that the kitchen to be visibly clean and well-organised. There were suitable and sufficient cooking facilities, kitchen equipment and tableware. Staff were provided with changing and sanitary facilities.

The provider representative outlined to the inspector the progress in relation to the planned development and reconfiguration of the centre. For example, the plans included additional bedrooms and associated sanitary facilities, communal areas and a passenger lift. The implementation of this plan for the development and reconfiguration of the premises was a condition of registration and had a completion date 21 January 2021.

Judgment:

Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found a complaints process was in place to ensure the complaints of residents, their families or their representatives were listened to and acted upon. There was a centre specific complaints policy that had been most recently reviewed in April 2017 and, which was prominently displayed and met the regulatory requirements. Copies of the complaints process were also stored in the residents' information packs and copies of these packs were located in a number of locations such as the visitors room, sitting room and on bedroom corridors. Residents to whom the inspector spoke said that they had easy access to any staff in order to make a complaint. The person in charge was identified as the named complaints officer and residents stated that they felt they could openly report any concerns to her and were assured issues would be dealt with. The inspector noted that the provider representative also monitored complaints through the regular management meetings. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded. All complaints were recorded locally and the provider representative reviewed same, as required. The complaint process included a local appeals procedure and there was also an independent appeals process. The residents guide also held details of the complaints policy and independent appeals process was included. However, the inspector noted from speaking to visitors, a review of residents questionnaires and a review of the minutes of residents committee meetings; that not all complaints had been suitably recorded in the complaints log in accordance with the complaints policy.

Judgment:

Substantially Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a policy available on the management of end of life care dated as being most recently reviewed in February 2017. At the time of inspection, there were no residents receiving end of life care. Overall there was evidence of an adequate standard of medical and clinical care provided. The person in charge outlined that appropriate access to specialist palliative care services was provided. The inspector reviewed a sample of healthcare records of residents and noted that appropriate care and supports had been provided including access to the specialist palliative care home care team. An end of life assessment form and care pathway was used to guide staff in caring for and meeting the needs of residents in relation to the provision of end of life care. Religious and cultural practices were facilitated. Members of the local clergy visited residents on a regular basis. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit.

The person in charge confirmed that whenever possible, residents in multi occupancy bedrooms were provided with the choice of a single room as they reached their end of life. From a review of a random sample of residents' care plans the inspector noted that there was a comprehensive advanced discussion form and care plan that had been completed for residents. This plan detailed the resident's wishes on preferred place of death, spirituality and religion at end of life and funeral arrangements. The inspector noted that any decisions not to attempt resuscitation were seen to be based on written clinical rationale and discussions and decisions were clearly recorded and reviewed as appropriate.

Family and friends were suitably informed and facilitated to be with the resident at end of life and there were comprehensive records within care plans reviewed of on-going discussions. Overnight facilities were not available for families within the centre but staff to whom the inspector spoke confirmed that family members who wished to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times. Family members were also given practical information with regard to registering a death. The end of life policy stated that personal possessions were returned in a sensitive manner and a handover bag was used for this purpose. Staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall residents were happy with the food provided in the centre and some residents stated that that "the food was really very good". On the ground floor the food was served from the nearby kitchen by a team of staff and was well presented. The inspector spoke to staff including the head of catering who demonstrated an understanding of the residents, their requirements and how individual residents' food preferences were accommodated. She outlined to the inspector that all the meat and whenever possible the fruit and vegetables were sourced locally. That as much as possible, all food served in the centre was made in its' entirety. For example, the soup made each day was made using only vegetables and meat with no processed ingredients used. She also outlined how she spoke to each resident on admission to ascertain their food preferences, likes and dislikes and regularly check in with residents thereafter.

The inspector observed the lunchtime meal and noted that some residents had their meals in their bedroom or in the dining room; depending on their own individual choice and preferences. Some residents were observed receiving assistance from staff with their meals and there was an unrushed, informal and homely atmosphere evident during the meal time. Residents were provided with food and drink at times and in quantities adequate for their needs. Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by staff. The dining experience was very much a social occasion and residents were seen chatting with each other throughout their meal. Staff also used meal times as an opportunity to engage in a meaningful way with residents, particularly with residents to whom they gave assistance. Those residents on modified diets were offered the same choices as people receiving unmodified diets. Efforts had been made to make the dining room experience as homely as possible. For example, each of the dining room tables was appropriately set with cutlery, condiments, napkins and fresh flowers. Residents spoken with agreed that the food provided was "really lovely", and "very appetizing". There had been an audit of meals and meal times completed by the person in charge in February 2017. Overall findings from this survey were very positive and the person in charge had followed up this survey with a residents

meeting to discuss the findings. There was an action plan developed from this meeting which included some changes such as changes to the menu choices and there was three options for starters, three options for main course and two desert menu options. The inspector noted that the food was served from the kitchen by a team of staff and was well presented.

Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. The inspector spoke with kitchen staff who outlined how they were knowledgeable about all residents' dietary needs and preferences. A list of all special diets required by residents was compiled on foot of the individual residents' reviews and copies were available in the kitchen.

Drinks such as water, milk, tea and coffee were available at different times throughout the day. Access to fresh drinking water was available at all times and there were jugs of water for example, observed in residents' rooms and in the sitting room. Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition. The inspector looked at this system in place to monitor food intake. The system of recording was found to be consistent and detailed enough to enable meaningful analysis as to the adequacy of intake for at risk residents.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Residents and visitors to whom the inspector spoke to stated that because of the small size of the centre and many of the staff having worked consistently in the centre for some time meant that it felt like home from home. Residents and visitors stated that residents and staff knew each other very well and were very comfortable living in the centre. Others cited the close proximity to the town as an additional attraction to the centre.

There was evidence that residents and/or the representatives were consulted with and participated in the organisation of the centre. For example, there were records of meetings with residents and their family available and such consultation was confirmed

by residents and relatives to whom the inspector spoke. Regular residents committee meetings were held with the most recent meeting recoded as having occurred in November 2017. The person in charge outlined that the role of these meetings was to ensure residents' actively participated in decision making within the centre. The inspector noted that the residents' committee was facilitated by the person in charge and the committee met regularly to discuss issues such as changes to the premises, renovation works, future activities or planned parties. Feedback and suggestions were recorded with an action plan with timeframes for completion of any actions required. There was evidence of changes having been made as a result of these meetings. For example, there had been an issue about choice of activities provided and a number of subsequent changes to the provision of activities had occurred.

There were no restrictions to visiting in the centre and the inspector spoke to several visitors at different times throughout the two day inspection. One visitor stated that she visited the centre at different times including early afternoon and another relative spoken to stated that they visited each evening. Both visitors stated that overall they were assured by what they saw and heard from staff in the respectful way that they provided care and support to their relative and other residents.

Residents' right to choice, and control over their daily life, was also facilitated in terms of times of rising/returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Overall, residents' rights, privacy and dignity were respected, during personal care, when delivered in their own bedroom or in bathrooms. A number of residents spoken with confirmed that they were afforded choice in relation their daily lives and for example, were facilitated to receive visitors in private. There were records of a resident's satisfaction survey completed in June 2017 and the overwhelming response from this survey was very positive. There was an action plan developed from this survey with improvements in areas such as the provision of activities and how staff might obtain further feedback from residents. The inspector noted that there was a follow up residents survey scheduled for 2018.

The inspector was told that residents' spiritual needs were met through regular prayers in the centre and Mass celebrated 1st Friday each month. The inspector was also informed that any other religious denominations were catered for as necessary. A programme of internal activities and external trips was in place for residents. Information on the day's events and activities was prominently displayed in the centre. The activities coordinator who also worked as a healthcare assistant was visible and actively involved with supporting residents. Residents to whom the inspector spoke with confirmed that the activities coordinator was well known to residents provided on-going support to them and was very approachable. The inspector spoke to the activities coordinator who outlined how she delivered the programme. However, the inspector formed the view that the provision of activities required improvement. The activities coordinator worked as a healthcare assistant for most of the day and had approximately two hours each day to fulfill the activities coordinator role. This inevitably impacted on the provision of suitable activities for example, in relation to activities coordinator capacity to provide one to one activities for residents who could not attend the group activities. This view was informed from a review of the staff duty roster, from speaking to residents and staff and a review of the residents survey.

Judgment:

Substantially Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector noted that residents' laundry was well maintained and the majority of laundry was provided on-site. There were appropriate arrangements in place for the regular laundering of linen and clothing and procedures were in place for the safe return of residents' personal clothing items. There was a centre-specific policy on residents' personal property and possessions that had been reviewed in June 2017. From the sample of residents' records reviewed the inspector noted that there were records in place of individual resident's clothing and personal items. The person in charge outlined how this list was updated every quarter or more often, if required. The inspector noted from one resident's records that their propriety list record had been completed and signed by the admitting nurse. However, this list was not adequate and not in keeping with the centres' policy as the section for the residents' signature was blank.

The inspector reviewed the arrangements for supporting residents to manage their own finances which included suitable record log and a system of double signing for all transactions. Residents that the inspector spoke with indicated that they were satisfied with the arrangements in place in relation to the management of residents' personal property. Each resident had a secure storage facility in their bedroom for the safekeeping of any personal items or small quantities of monies.

Residents were facilitated to have their own items, such as assisted equipment or furniture and personal memorabilia. The inspector noted that most bedrooms had been personalized with individual residents' items, photographs and art work. Each resident had suitable furniture in their bedrooms to store clothing and personal items for example in their own bedside cabinets and/or wardrobes.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet

the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:

There was an actual and planned roster maintained in the centre and the inspector noted that the person in charge worked full time and was available Monday to Friday. There was also an assistant director of nursing available to support the person in charge in her role. Residents spoke very positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to residents. The inspector observed positive interactions between staff and residents over the course of the inspection and found staff to have good knowledge of residents' needs as well as their likes and dislikes.

From speaking to the person in charge, staff and a review of documentation; staff appeared to be supervised appropriate to their role and responsibilities. Staff appraisals were in place and had been rolled out to all staff. Staff and records viewed confirmed that this process was in place. There was an education and training programme available to staff. The training matrix indicated that all mandatory training was provided and all staff had attended training in areas such as infection control, falls management, manual handling, and cardio pulmonary resuscitation (CPR) and elder abuse. In addition, the inspector noted that all staff had completed mandatory training in responding to and managing behaviours that were challenging and dementia training. The training matrix also recorded that all nursing staff had received medication management training and the catering staff had received Hazard Analysis and Critical Control Points (HACCP) training.

The inspector observed practices and spoke with staff on day and night duty, the person in charge, the assistant director of nursing, and the provider representative. The person in charge and the provider representative and most staff to whom the inspector spoke stated that staffing in the centre was adequate. In addition, staffing was considered adequate by all residents to whom the inspector spoke. However, two of the returned residents questionnaires and two visitors visiting one resident stated that staffing was inadequate at certain times. For example, during certain times in the evenings or at weekends. They also outlined that the provision of activities was also impacted by staffing and this particular issue was already identified and actioned under Outcome 16 of this report. The provider representative acknowledged that due to reduced bed occupancy staffing had been reduced for a time during 2017. However, she also outlined how staffing had been increased since October 2017 following an increase in the bed

occupancy rates in the centre. The person in charge stated that she used the dependency levels as well as the bed occupancy numbers to inform the staffing requirements and that this was constantly reviewed. Minutes seen of management meetings did evidence that staffing levels were regularly reviewed. However, the provider informed the inspector that she would review the staffing arrangements to ensure number and skill mix of staff is appropriate having regard to the needs of the residents, and the size and layout of the designated centre.

The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland for 2017 for nursing staff were available. The provider representative provided written confirmation that all staff and volunteers in the centre had been suitably Garda vetted.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Vincent Kearns
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Sacré Coeur Nursing Home
Centre ID:	OSV-0000278
Date of inspection:	29/01/2018
Date of response:	22/02/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified including ensuring that not all residents who were monitored had adequate records completed following these observations.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:

The Risk Management Policy and Risk Register have been reviewed to ensure that the procedures and controls in relation to the monitoring of residents who require same are adequate. The PIC has also reviewed and updated the current system of recording resident monitoring checks to ensure that this system is adequate to protect residents who require monitoring and that this system is operated correctly by staff at all times and the PIC has provided education to staff accordingly.

Proposed Timescale: 28/02/2018

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

To ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events or near misses involving residents.

2. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:

The Risk Management Policy and Risk Register have been reviewed to ensure that the controls in relation to the identification, recording, investigation and reporting of near misses are adequate. The PIC will provide further education to staff in relation to the reporting of near misses at the next staff meeting.

Proposed Timescale: 28/02/2018

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

To ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety

management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

We have amended our fire training records to ensure that, when undertaking a fire training drill, the specific fire scenario that is being simulated is recorded in the training records sheet.

Proposed Timescale: 28/02/2018

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

To arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2) including comprehensively completing assessments and reassessments of residents needs.

4. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:

The Person in Charge has reviewed and updated the assessments identified on inspection to ensure that same have been completed correctly and signed. The PIC will provide further education to nursing staff in relation to the correct procedure for completing assessments going forward and the PIC will monitor the completion of assessments and re-assessments going forward to ensure compliance.

Proposed Timescale: 28/02/2018

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

To fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

5. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

Please state the actions you have taken or are planning to take:

The PIC and Registered Provider have reviewed the existing procedures to ensure that complaints are kept separate from care discussion records and that complaints are recorded separately in the designated complaints register going forward.

Proposed Timescale: 28/02/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

To provide opportunities for residents to participate in activities in accordance with their interests and capacities including residents who did not participate in group activities.

6. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:

The PIC is currently undertaking a comprehensive review of activities, to ensure that the activities offered meet the needs of all residents according to their needs and preferences with regard to participating in group activities. In this regard, the PIC and Registered Provider will review the staffing allocation for activities to ensure that same is adequate for activities to be provided going forward.

Proposed Timescale: 30/05/2018

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

To ensure that each resident has access to and retains control over his or her personal property and possessions including the completion of suitable records in relation to their personal property and possessions.

7. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

Please state the actions you have taken or are planning to take:

The Person in Charge has reviewed and updated the resident's property list identified on inspection to ensure that same has been signed by the resident. The PIC will provide further education to nursing staff in relation to the correct procedure for completing property lists going forward and the PIC will monitor the completion of same going forward to ensure compliance.

Proposed Timescale: 28/02/2018

Outcome 18: Suitable Staffing

Theme:

Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

To ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

8. Action Required:

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

Please state the actions you have taken or are planning to take:

In view of feedback obtained from relatives during the inspection, the PIC and Registered Provider have completed an additional review of staffing in the centre, both in terms of the overall number of staff available during the day and the number of staff available at different times of day, to ensure that staffing is both adequate and allocated in the most effective manner to meet residents' needs throughout the day. This matter will be monitored by the PIC going forward.

Proposed Timescale: 28/02/2018