Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Sacred Heart Hospital
Centre ID:	OSV-0000648
Centre address:	Pontoon Road, Castlebar, Mayo.
Telephone number:	094 902 1122
Email address:	claire.mcginley@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Geraldine Jolley
Support inspector(s):	Leanne Crowe
Type of inspection	Announced
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	29

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:
09 January 2018 09:30	09 January 2018 17:30
10 January 2018 09:00	10 January 2018 17:30

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

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

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

The designated centre area of the Sacred Heart Hospital is currently comprised of

two units, St. Johns and Our Ladys. These units accommodate residents who need long-term, respite, convalescent or end of life care. The hospital is situated a short drive from the shops and business facilities in Castlebar. There are a number of other services provided within the hospital and these include a day care service, a rehabilitation unit and varied out- patient services. Accommodation for residents is provided in single and communal bedrooms. There are ensuite facilities that include toilets, wash hand-basins and showers located between each communal room. There are communal sitting and dining areas that can accommodate residents and any mobility equipment they use located in each unit. There is space where residents can meet visitors in private. A new building to replace the existing units was near completion and the provider representative and person in charge were completing the application to register this as the new designated centre. Residents and relatives were aware of the proposed change and had been informed about developments in relation to this. A date for residents and families to visit the new unit had been arranged.

The units- St. John's and Our Lady's were noted to be clean, warm and homelike. Residents' rooms were appropriately furnished to meet their needs and bed areas had been personalised with photographs. There were screens in communal rooms to protect privacy. There were some dementia friendly features to help residents orientate to their environment and prompt their memory. A reminiscence room with items of memorabilia had been created and was noted to have a good variety of materials and objects that could be used to prompt memory and orientation. There was also an art room where the weekly art groups took place and where residents work was displayed. Residents left their units to undertake activities in these areas.

The person in charge fulfills the criteria required by the regulations in terms of qualifications and experience. She demonstrated that she was familiar with residents, their care requirements and the overall operation of the centre. There were adequate staff allocated to care and ancilliary duties, care practice was found to be of a good standard and reflected evidenced based practice and there were appropriate measures in place to ensure residents' safety and to protect them from injury or harm.

The inspectors found that there were good arrangements in place to ensure residents had high standards of personal care and could exercise choices in their daily lives. Residents and relatives feedback conveyed that residents could see visitors when they wished, could choose when they got up and went to bed and had a good range of social activity to choose from. Staff could describe residents' preferred daily routines and their likes and dislikes. Residents and relatives said that staff were accessible, kind and very professional and said that any matters brought to their attention were addressed promptly.

Residents had good access to doctors from the local hospital and to allied health professionals that included speech and language therapists and dieticians. The centre had a physiotherapy and occupational therapy team. Assessments and treatment programmes were undertaken to ensure residents remained active and mobile. Activities that were appropriate and stimulating were organized daily in the centre however the way these activites were organized required improvement. Activities

were organized alternately on each unit which meant that residents had to move from one area to another to attend which presented a challenge for some residents. Health care matters were addressed appropriately and staff demonstrated high levels of knowledge on complex care issues.

The inspectors found that the governance and management arrangements were effective and ensured the centre operated to a good standard of compliance. The provider representative had taken up post in November 2017 and was putting procedures in place to ensure that governance meetings took place regularly.

The responses to the action plans from the previous inspection undertaken in February 2017 were reviewed. There were some actions that had not been addressed. These included the multiple occupancy bedrooms that compromised privacy standards and damaged flooring in hallways. These issues are now short term deficits as the current designated centre will be replaced by the new building that has just been completed.
In addition to the deficits described above the inspectors noted non compliances in relation to health and safety matters. There were several radiators throughout the building that were excessively hot and fire drills with the least number of staff on duty had not been undertaken. Records of accidents and incidents required a review as it was not clear what actions had been taken in relation to minor incidents that did not trigger an action plan from the risk assessment.

The areas for improvement are further discussed in the body of the report .The Action Plan at the end of this report identifies mandatory improvements required to come into compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009(as amended).

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:
The Statement of Purpose set out the services and facilities provided in the designated centre and contained the majority of the information required by Schedule 1 of the regulations.

The document required review to describe the function of rooms and the number of residents to be accommodated in each bedroom area.

Judgment:
Substantially 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 governance arrangements in place reflected the information supplied in the Statement of Purpose. The provider representative who had taken up this role at the end of 2017, has an established structure for the management and oversight of the centre. The lines of accountability and authority were evident in the centre. Staff were

aware of who was in charge and how to report through the senior management structure. There were arrangements in place for general staff meetings and governance meetings. Senior staff had lead responsibility for varied areas that included residents' consultation and falls prevention to ensure that management responsibilities were shared. Meetings were used to discuss the operation of the service, to convey information and to outline areas that required action. It was evident from the records viewed that staff were able to convey their views and contribute in a meaningful way to how the centre operated. Staff told inspectors that they worked well together and described a good team spirit between all staff groups.

Systems were in place to ensure that the service provided met residents' needs, was safe, effectively managed and monitored. The health and safety arrangements were found to be satisfactory with good standards of cleanliness and hygiene in place, there were reviews of all falls incidents and prevention measures were in place to prevent recurrences. Staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres and in relation to infection control. The inspectors saw from records of meetings that there was multidisciplinary discussion and shared decision making in relation to management, future planning and resource issues.

There was evidence of consultation with residents. The inspectors talked to people who said they contributed their views on food, activities, the day to day routines and how their care needs were met. The formal consultation with residents comprised of regular meetings and surveys. At the time of the inspection residents said they were looking forward to viewing the new unit and choosing their rooms.

There were adequate resources available to meet the needs of residents in relation to staff, staff training, equipment and ancillary services to ensure appropriate care was delivered to residents. The premises deficits outlined in previous reports are due to be resolved when the new unit is opened.

The person in charge is supported by an assistant director of nursing and clinical nurse managers who are available during the day and at night.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
A guide to the centre was available to residents.

Samples of contracts were reviewed by inspectors. The contracts set out the services to be provided and the fees to be charged. However, the contracts did not contain the terms relating to the bedroom provided to each resident, or the number of other occupants in each room, if applicable. This was discussed with the person in charge, who said all contracts would be reviewed in the coming weeks.

Judgment:
Substantially Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge has been in post since April 2017. She is a registered nurse and has a full-time role. She fulfils the criteria required by the regulations in terms of qualifications and experience. She oversees the day to day operation of the service, was noted to be engaged in day to day decisions about residents' wellbeing and was familiar with changes to health care needs. She has maintained her professional development by attending training courses and conferences and her training on the mandatory topics of fire safety, moving and handling and safeguarding vulnerable people was up to date. During 2017 she had completed training on topics that included first aid, falls and incident management. She had also completed the HSE's designated officer's training to ensure that she was familiar with the procedures in relation to the safeguarding of vulnerable people.

The organisational structure in place provides appropriate support for the person in charge and ensures that she has appropriate time to undertake her clinical and administrative duties. There are several clinical nurse managers who participate in the management and all have experience in the care of older people. Those on duty during the inspection conveyed a thorough knowledge of care practice, residents who had specific needs and the legislative responsibilities of the person in charge.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and

ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The majority of records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained to ensure completeness, accuracy and ease of retrieval. However, the required staff documents as described in Schedule 2 of the regulations were incomplete in the sample examined by inspectors. An Garda Síochána vetting disclosures were not available for all staff however the person in charge and provider representative provided a list of staff with vetting disclosures and said that applications for staff without an up to date vetting disclosure had been completed. The vetting disclosures viewed by inspectors had been completed within the last six months.

The centre maintained a record of all accidents and incidents and a new system for recording these was in use. The inspectors noted that the system did not facilitate staff to record actions taken following an event if the risk assessment was below a certain threshold. It was concluded that records of accidents and incidents should allow for a full record to be maintained to ensure staff and managers could track trends and minor incidents.

The designated centre had all the written operational policies in place, as required by Schedule 5 of the regulations. The policies were appropriately reviewed and updated to reflect best practice. Staff who spoke with inspectors understood these policies and implemented them in practice.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the 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:
This outcome was compliant.

The provider representative had notified HIQA about the emergency absence of the person in charge and the date of return. Senior staff were aware of the notifications to be made in such situations. There were arrangements in place to manage the service and several senior nurses were involved and appointed to have PPIM roles. They were interviewed during previous inspections and the two clinical nurse mangers on duty during the inspection conveyed an informed understanding of the regulations, standards and notifications that underpin the management of a designated centre.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
There was training and information provided to staff to ensure that they had appropriate knowledge and awareness to enable them to protect residents from harm and from abuse. The inspectors found that all staff had been provided with training on the prevention and detection of abuse. Some staff that included the person in charge and clinical nurse managers had attended training on the safeguarding procedures introduced by the HSE to safeguard vulnerable people. All staff that the inspectors talked to were confident that they would recognise an abuse situation and were clear about their role and responsibility in relation to reports of abuse or suspected abuse. Staff could describe possible signs and symptoms of abuse such as unexplained bruising, anxiety or distress. There was one adult protection incident reported to HIQA during 2017. This was investigated and safeguarding measures were put in place. However, the type of incident prompted an external review in accordance with the HSE procedures and this review had not been completed. The inspectors found that that the provider representative and person in charge could not conclude this incident as some of the established procedures had not been completed although they had fully investigated the issue and had a protection plan in place.

The inspectors viewed the training record and the proposed schedule of training for 2018 which confirmed there was on- going training and refresher training in protection

of vulnerable adults. All staff employed were now completing the information required for vetting disclosures according to the provider representative and the staff records viewed by the inspectors had disclosures on file.

The inspectors reviewed the varied needs of the current residents with staff and also discussed how responsive behaviours and behaviours associated with dementia were addressed. There were a number of residents who displayed responsive behaviours. Staff conveyed that they systems in place that ensured residents were safe. There was a high degree of supervision in place for some residents and peer to peer incidents were rare. Some staff had attended training in dementia care and in the management of responsive behaviours and the inspectors saw that this topic featured in the planned training programme. Records confirmed that changing behaviour patterns were described in care records together with descriptions of trigger factors and the interventions of staff to ensure residents' wellbeing. Staff described how understanding the way some residents reacted in particular situations and loss of orientation and memory helped them address fluctuating behaviours.

During conversations residents told the inspectors that they felt safe and comfortable in the centre and described staff as kind and thoughtful. Several residents said that they had confidence that the staff would address a concern or a complaint if they told staff about it.

There was emphasis on promoting a restraint free environment with the use of alternative safety measures to prevent falls such as sensor alarms and low level beds the options of choice to keep residents safe.

The staff managed finances for some residents and this was done in accordance with the HSE financial procedures. Some residents had ward of court arrangements in place and there were systems for accessing the court representatives or family members appointed to look after residents' affairs.

There was a visitors' record located at the reception area and in each unit to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be complete and was signed by visitors to the centre on arrival.

Judgment:
Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
There were systems in place to ensure that the health and safety of residents, visitors and staff is promoted and protected.

A risk management policy had been developed by the centre. Dedicated policies were in place which outlined the measures and actions required to manage the specific risks required by the regulations. Reasonable measures were in place to prevent accidents in the centre or its grounds.

There was a plan in place for responding to emergencies or major incidents, which had been revised in July 2017.

Inspectors were satisfied that there were effective procedures in place for the prevention and control of healthcare associated infections. Staff were observed appropriately using PPE (Personal Protective Equipment) throughout the inspection, and performing hand hygiene when required.

There were fire policies and procedures in place that were centre-specific and had been revised in May 2017. There were fire safety notices for residents, visitors and staff appropriately placed throughout the building. Each staff member spoken to during the inspection was familiar with evacuation requirements of residents and confirmed that they had attended fire evacuation drills. The centre had carried out drills that simulated staffing levels during the day but had not completed a drill with the night staff allocation on duty since 2016. The records of fire drills were noted to be comprehensive and described the situation that was enacted. Documentation indicated that quarterly servicing was carried out on fire alarms and fire safety equipment was serviced on an annual basis. There were records of fire safety checks on fire exits, fire doors and fire fighting equipment however there were some gaps in the records viewed which indicated an inconsistent approach to this safety check.

They were other areas that were noted to require attention. These areas included radiators in some areas particularly hallways were excessively hot and presented a burns risk, flooring in hallways that was damaged and a sluice area that contained hazardous substances that was unlocked. The hazard presented by the damaged flooring was identified for action during the last inspection.

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:
The medicines management system in place was safe and ensured residents received all their prescribed medicines. There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The nurses on duty were familiar with all residents' medicines and any specialist requirements in relation to administration. The inspector observed that medicines were administered safely in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. The medicine administration sheets viewed were signed by the nurse immediately following the administration of medicines. Drugs were administered within the prescribed timeframes.

The medicine administration records included the required information for safe practice including a photograph of the resident. There was a doctor's signature for all medicines prescribed. A review of medicines was undertaken every three months and the doctors that provide medical support to the centre also undertake medicines reconciliation.

There were no problems with access to supplies of medicines. All medicines in use were supplied from Mayo General Hospital and there was a general supply provided. Residents admitted for periods of respite care took their own supplies in with them and were advised of the need to do this in information provided by the centre's staff.

Medications that required strict control measures were kept in a secure double locked cabinet. Nurses kept a register of controlled drugs and the stock balance was checked by two nurses at each shift change.

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:
The inspectors reviewed a record of incidents and accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. The inspectors found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

The quarterly notifications had been submitted to HIQA as required.

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):
No actions were required from the previous inspection.

Findings:
There were 48 residents in the centre during the inspection. The majority of residents had complex medical care problems and others had a diagnosis of dementia, cognitive impairment or Alzheimer's disease. The care and nursing staff team demonstrated good knowledge of residents' treatment plans and current state of health.

All residents had a care plan. The care plan system was well understood by staff and the inspectors were shown how assessments, care plans and reviews were completed. The inspectors found that information on prospective residents' care needs was supplied prior to admission. Comprehensive nursing assessments were carried out following admission and a range of evidenced based assessment tools were used to determine health and care needs. Relatives were consulted and their contributions were recorded to guide practice. Risk areas that included falls, vulnerability to the development of pressure sores, malnutrition and dementia were also assessed and care plans put in place to prevent deterioration and enhance wellbeing.

The inspectors found that there was information recorded that reflected a person-centred approach to care had been adopted. For example where residents had dementia particular interests and hobbies were described such as music or farming and social care interventions reflected these interests.
Care plans were updated at the required four monthly intervals and there was evidence of consultation with residents in the majority of care plans reviewed. Relatives' feedback conveyed that they had been informed about care plans at the time of admission and at intervals throughout the year. An inspector was told by a resident that staff discussed her treatment regime with her and ensured that she was familiar with possible side effects. The person in charge confirmed that she or the clinical nurse managers make arrangements to meet with relatives to discuss care practice and residents' well being. The inspectors found that care plans had been updated following periods of illness and when respiratory or other infections were present.

There were preventative measures in place to ensure that areas of clinical risk were monitored. All residents had a monthly weight check as well as a check of blood pressure, temperature and respiratory function. The monthly records of weight were

reviewed and nurses were confident that a referral for specialist advice would be made if weight loss persisted over two months. Residents with a diagnosis of diabetes were monitored weekly for changes and at the time the inspection was completed all were stable.

A range of suitable equipment was provided to ensure appropriate pressure relief and to support residents' comfort and the inspector saw that specialist beds were set at appropriate pressures for the weight of the residents and that suitable cushions were available for residents' chairs during the day. Care staff ensured that residents moved around, walked to and from their rooms and communal areas where possible and residents who required assistance were helped to mobilise at suitable intervals to protect their skin integrity. The physiotherapist told the inspector that he provides guidance to carers on varied exercises they can do with residents to help people maintain their independence and mobility. Moving and handling assessments were readily available and were noted to be updated after falls or following changes in health needs.

There was a good emphasis on personal care and ensuring the physical care needs of residents were met. Staff were knowledgeable about residents likes and dislikes in relation to when they had showers or baths for example and where they preferred to spend their time.

Residents with dementia were assessed and supported in accordance with their capacity and staff knowledge of their abilities. Staff had good awareness on how to manage responsive behaviours and said that they observed for changes in mood to prevent peer to peer and other incidents.

There were procedures in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and shared between providers and services.

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

Findings:
The centre was found to be visually clean, warm and well organised during the days of inspection. The units inspected Our Lady's and St. John's are scheduled for closure when the new building is completed. This was due to be furnished the week after the inspection and the notification for closure of the existing units and the application for the new building were being completed.
The communal layout of the majority of bedroom areas compromised how staff could deliver person centred care and maintain appropriate standards of privacy. There were ensuite facilities located between each four bedroomed area which meant that staff could support residents with continence management appropriately. Residents had storage space but this was limited to a single wardrobe and locker storage.

There were sitting and dining areas in both units and these areas were observed to be well used throughout the day. Other facilitates include visitors' rooms, an art room, a reminiscence area, office space, a large catering kitchen and the church which provided a quiet area for reflection or prayer.

There were suitable screens that fully enclosed beds in the shared rooms. Residents told the inspector said that their rooms were comfortable, that they had been able to take in personal items such as photographs from home and said that staff displayed these near their beds. Bedrooms had good levels of natural light. The damaged floor in Our Lady's unit had been renewed since the last inspection. It was now level and free from hazards.

There were a sufficient number of toilets and showers provided for residents. There are toilets located close to communal rooms for residents' convenience. Staff facilitates were provided. Separate toilet facilitates were provided for care and kitchen staff in the interest of infection control.

The inspectors found that the floor layouts/templates did not always reflect the way spaces were used or the function of certain areas. The person in charge and provider representative were requested to ensure that the layout described in the statement of purpose reflected the actual occupancy and purpose of rooms. There was damage to a mirror and toilet seat in the toilet area near the kitchen entrance.

The inspectors were told by residents and staff that everyone was looking forward to moving to the new unit and visits had been arranged for the following week for residents and their relatives.

The following areas were noted to require attention:
:
• Multiple occupancy bedrooms did not facilitate the provision of appropriate levels of privacy and dignity to residents.
• The security arrangements required review as it was possible to walk into all units from the main entrance
• The alarm system to alert staff if residents left the building was very noisy and intrusive.

Judgment:
Non Compliant - Moderate

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:
There was a policy and procedure in place for the management of complaints. The policy had been reviewed in January 2018. A summary of the complaints' process was displayed prominently in the centre.

The centre's Director of Nursing was responsible for the management of complaints. A complaints record that described all complaints received was maintained and this was reviewed by inspectors. These records contained all the information required by the regulations, including the details of the investigations completed and the actions taken to address the complaints. Complainants' satisfaction with the outcome of complaints was also recorded. There was one open complaint at the time of the inspection. Documentation reviewed by inspectors evidenced that steps were being taken by the person in charge to address this complaint.

People to review the way complaints were addressed and that the procedures were followed appropriately had not been identified. There was no evidence that complaints were reviewed as required by regulation 34- Complaints procedure.

There was an independent appeals process in place for complainants, should they choose to use it.

Inspectors spoke with staff and residents about the management of complaints or issues of concern. Residents were able to identify who they should make complaints to and staff could outline how they would respond to a range of complaints.

Judgment:
Non Compliant - Moderate

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:
The staff viewed end of life care as an integral part of the service and had policies and procedures in place to guide their practice. The policy of the centre is that all residents are for resuscitation unless clinical decisions have been made that indicate otherwise and all such decisions were documented. The inspector saw that decisions made in relation to resuscitation status were reviewed regularly and this information was included in end of life care plans.

Resident's end-of-life care preferences, personal or spiritual wishes were recorded in the sample of care records reviewed. The staff nurses and clinical nurse managers gave good accounts of how end of life care was addressed, the supports provided to residents and their families at this time and the spiritual care provided. There was good evidence that frail residents received appropriate care. Pain relief needs were well managed and interventions were described in care records.

There was good access to the palliative care team who provided advice on monitoring physical symptoms to ensure appropriate comfort measures. There were no residents at end of life at the time of this inspection.

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:
Inspectors found that residents were provided with food and drinks regularly and food and liquids were available in consistencies that met their assessed needs.

The meals served were varied and served attractively. Staff responsible for preparing the residents' meals were knowledgeable regarding residents' individual preferences as well as the various specialised diets and food consistencies that residents required. Inspectors observed the dining experience and found that residents on specialised diets such as diabetic, fortified and modified consistency diets and thickened fluids received

their correct diets and fluid consistencies. A number of residents received assistance with their meals on the day of the inspection, and this assistance was offered and provided in a discreetly and sensitively. A protected mealtime initiative was enforced throughout the centre and inspectors saw that this was respectfully observed by visitors to the centre on the days of the inspection.

There was good communication and processes in place between the chef, kitchen staff, nursing and care staff to ensure that residents did not experience poor nutrition or hydration. Snacks and drinks were available throughout the day, and the chef explained to inspectors that provisions were made to ensure food was available outside of regular mealtimes. A number of measures were in place to ensure that residents were provided with a choice of food and drinks at all times. The chef outlined to inspectors how alternatives to the menus were available each day.

A process was in place for the monitoring and recording of nutritional intake, which was evident in practice and reviewed by inspectors. Residents were referred to the dietician and speech and language therapy services as appropriate. Consultations by these services were completed without delay, and recommendations were recorded in care plans and implemented in practice by staff.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Arrangements were in place to promote residents' privacy and dignity, and many residents were supported to make choices and to be independent. However, improvements were required in the provision of activities throughout the centre and in the way the service of meals was organized to ensure that residents benefitted from a positive social experience.

There were arrangements in place to ensure that residents' participated in the organisation of the centre and were kept informed of any developments within the service. Residents meetings had taken place, on average, every two months and minutes of these were reviewed by inspectors. These meetings were attended by a small number of staff, residents and relatives and discussed items such as plans for the

service and activities. Inspectors saw that action plans arising from these meetings were being progressed, such as the development of a café at the front entrance to the building. A 'Quality and Satisfaction' survey had been completed with residents' relative in 2016, and a small number of actions had been identified from the responses received. Additionally, a newsletter for the centre was produced on a quarterly basis and displayed in each unit. The most recent newsletter included an update on the on-site building works and events that had taken place in the centre over the last number of months. The person in charge outlined to inspectors how efforts were being made to ensure residents were informed of the development of the centre's new building. Some residents were being supported to choose their own bedroom in the new building. In addition to this, information sessions on the new building had been planned for the coming weeks, which relatives had been invited to attend.

There were facilities for recreation in both units. However, inspectors noted that improvement was required to ensure that all residents had the opportunity to partake in meaningful activities in line with their interests and capabilities. A number of external service providers visited the centre on a weekly or fortnightly basis, such as an artist, aromatherapist and massage therapist. A minimum of two activity co-ordinators were also working in the centre from Monday to Friday. These staff members alternated the provision of activities in communal rooms in both St John's Unit and Our Lady's Unit. This schedule resulted in residents being transferred between units in order to participate in their preferred activities. Inspectors formed the view that this did not ensure that residents with reduced mobility or those with higher care needs could consistently participate in the activities provided. Additionally, inspectors observed on both days that residents who remained in one unit while activities took place in the other unit had little opportunity for activation during this time. While a reminiscence room was located in the building, the majority of residents were again reliant on being assisted to this room in order to participate in the activities being held here. The person in charge informed inspectors that this system of activity provision would be reviewed following the inspection.

The inspectors noted that the way meals were served also detracted from meal times being a good social experience. Many residents had their meals serviced on small tables in front of armchairs. The available dining tables were not fully used. This arrangement did not facilitate residents to share their meal time experience or talk together.

The privacy and dignity of residents was respected at all times. Screening and curtains in multi-occupancy bedrooms were in place to maintain residents' privacy while personal care was being provided. Signs placed on bedroom doors also restricted access to the room while this was taking place.

Residents were facilitated to meet their civil, political, religious and spiritual needs. Residents had access to a church in the centre and the person in charge explained how residents of various faiths could be accommodated. Voting could be facilitated in the centre or residents could be supported to vote in their respective constituency if they so wished.

Efforts were made ensure the centre was part of the local community. The large church in the centre was used for weekly mass services, which were attended by both residents

and people from the local area. A day centre service operated in the same building as the nursing home, and residents were supported to attend this service if they so wished. Residents also had access to radio, television, newspapers and information on local events. In both units, a portable telephone handset was available to residents if they wished to use it.

Residents had access to an independent advocacy service. A number of residents had been supported to access this service in the past.

Inspectors found that staff were aware of the different communication needs of residents. Interventions to support residents with specific communication requirements were accommodated, including the use of various aids and devices. Inspectors reviewed communication care plans and found sufficient detail to guide the team on how best to communicate with residents.

There were arrangements in place for residents to receive visitors and there were no restrictions on visits except at protected meal times.

Judgment:
Non Compliant - Moderate

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:
There were systems in place to safeguard residents' property and money. The inspectors reviewed these procedures and found that there were records of personal property and money held for safe keeping. The administrative staff described how finances were managed and there was an established system in place in accordance with HSE procedures for the management of personal finances and any money held on behalf of residents.

Residents' personal spaces were personalised with photographs, pictures and other personal possessions. However storage was limited to single wardrobes which meant that residents could have very few possessions in their personal spaces.

The laundry area had been upgraded with new surfaces, floors, washing machines and dryers. This facility was not yet in operation and clothing was sent to an external laundry service. While there was a system in place to identify each resident's clothing there had been some complaints about missing items which the person in charge had

addressed.

Judgment:
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:
Inspectors found that there were sufficient levels of staff with the appropriate skills, qualifications and experience to meet the assessed needs of all residents accommodated in the centre. An actual and planned duty roster was in place, with all changes clearly indicated. The roster reflected staff on-duty on the days of the inspection.

Good supervision of staff was in place in both units, with nurses and care assistants being allocated to teams while on duty. There were senior nurses at clinical nurse manager level available to support staff over the 24 hour day. Plans were currently being progressed to conduct regular staff appraisals. Meetings for the various staff disciplines and grades were held regularly, and minutes of these were available for review by inspectors. The inspectors found that a good team spirit had been developed. There was emphasis on cooperation between staff groups and multidisciplinary working arrangements. Staff from varied disciplines had lead roles for the development of some projects for example the physiotherapy service manager facilitated the falls prevention strategy and the assistant director of nursing led out residents' consultation.

Staff were facilitated to attend training to maintain their professional development and skills. A training matrix was provided to inspectors, which indicated that all staff had completed training in fire safety, moving and handling practices and the prevention, detection and response to abuse. Staff spoken with on the day of the inspection were knowledgeable about varied aspects of the service that included residents' care needs, hygiene practices, nutrition management and safeguarding.

A sample of staff files were reviewed by inspectors. All staff records as required by Schedule 2 of the Regulations were available for inspection with the exception of An Garda Síochána vetting disclosures. A record of the vetting disclosures available was forwarded to the inspectors following the inspection. The person in charge confirmed to

inspectors that An Garda Síochána vetting disclosures had been completed by all staff.

There were a number of volunteers operating in the centre. Evidence of An Garda Síochána vetting was available for these volunteers.

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Sacred Heart Hospital
Centre ID:	OSV-0000648
Date of inspection:	09/01/2018
Date of response:	13/02/2018

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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The function of all rooms and the number of residents to occupy each bedroom area was not described in the statement of purpose.

1. Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
Statement of Purpose has been updated and attached.

Proposed Timescale: 13/02/2018

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The contracts set out the services to be provided and the fees to be charged. However, the contracts did not contain the terms relating to the bedroom provided to each resident, or the number of other occupants in each room, if applicable.

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

Please state the actions you have taken or are planning to take:
Each resident has a Contract of Care stating the terms on which the resident will reside in the Centre.

Proposed Timescale: 31/05/2018

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A record of all incidents including falls was maintained in the centre however the way the record was maintained required review as the actions taken in relation to minor matters that did not trigger a risk profile could not be viewed to inform staff of trends.

3. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
A root cause and analysis is completed following incidents. A record is kept in the Director of Nursing's Office. All CNMs have access to shared drive containing this information.

The Area Manager holds the Garda Clearance (Schedule 2) and upon receipt of a request from Inspector will submit.

Proposed Timescale: 30/03/2018

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Aspects of a protection incident had triggered that an external investigation was required in accordance with the HSE policy for the protection of vulnerable adults. However this had not been commenced several months after the incident took place and the provider representative and person in charge were unable to draw a conclusion to this incident.

4. Action Required:
Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

Please state the actions you have taken or are planning to take:
The Registered Provider will communicate with the General Manager to expedite this process.

Proposed Timescale: 17/03/2018

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:
The radiators in some areas particularly hallways were excessively hot and presented a burns risk.
Flooring in hallways was damaged.
A sluice area that contained hazardous substances was unlocked.

5. Action Required:
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:
(a)The DON has requested radiator covers to reduce risk.
(b)Flooring will be prioritised once residents have moved to new accommodation and

other access can be utilised to access Hospital.
(c)All Sluice areas are complaint and locked.

Proposed Timescale: (a)27/04/2018
(b)30/06/2018
(c)11/01/2018

Proposed Timescale: 30/06/2018

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Fire drills had not been completed since 2016 with the lowest number of staff on duty.

Some fire safety checks had not been consistently completed as scheduled.

6. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
Simulation of night evacuation was completed by 19/01/2018 and record of same kept.
Fire Safety checks are now being completed on a weekly basis and documented.
Fire Training (for new building prior to move) has commenced on 01/02/2018 and also scheduled dates for February and March 2018.

Proposed Timescale: 19/01/2018

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The centre had a number of multiple occupancy rooms that did not facilitate the provision of appropriate levels of privacy and the following areas required attention:.
• The security arrangements required review as it was possible to walk into all units from the main entrance
• The alarm system to alert staff if residents left the building was very noisy and intrusive.

7. Action Required:

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

Please state the actions you have taken or are planning to take:
Residents are now accommodated in 4 bedded rooms but will be moving to new accommodation in 31st May 2018.
Unit doors are kept closed and staff are vigilant of visitors.
Products are being sourced for new wandering alarm system with consideration for noise level.
Residents will be moving to new accommodation.

Proposed Timescale: 19/01/2018

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:
A person to oversee that complaints were appropriately recorded and responded to had not been identified.

There was no evidence that complaints were reviewed on a regular basis.

8. Action Required:
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

Please state the actions you have taken or are planning to take:
It is proposed that a designated person will carry out a review on a 3 monthly basis.

Proposed Timescale: 27/04/2018

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:
The way activities were organized required review to ensure that residents had the opportunity to attend scheduled activities. The arrangement where an activity was organized in one unit and residents were taken from the other unit to attend did not ensure that residents with reduced mobility or those with higher care needs could consistently participate in the activities provided.

9. Action Required:
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:
Activities will be facilitated with regard to residents needs within their preferred environment.

Proposed Timescale: 30/03/2018

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The way meals were served also detracted from meal times being a good social experience. Many residents had their meals served on small tables in front of armchairs. The available dining tables were not fully used. This arrangement did not facilitate residents to share their meal time experience or talk together.

10. Action Required:
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:
Residents are encouraged to participate in meals in dining areas as per their choice.

Proposed Timescale: 19/01/2018