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:	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
Provider Nominee:	Selma Kelly
Lead inspector:	Vincent Kearns
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	2

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
02 November 2017 07:30	02 November 2017 17:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable 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 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was a one day unannounced inspection by the Health Information and Quality Authority (HIQA). This unannounced inspection was conducted to follow up on non-compliances identified at a previous thematic inspection on the 12 October 2016 and to monitor ongoing compliance with the regulations and standards.

Sacré 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 center can accommodate 26 residents and on the day of this inspection there were 24 residents living in the center. There is a well-established enclosed secure garden area available to residents and the center is within walking distance of the local shops, a GAA pitch, railway station, churches and other amenities.

As part of the inspection process, the inspector met with residents, staff members, the person in charge and the provider representative. The inspector observed practices and reviewed documentation such as policies and procedures, care plans, medication management, staff records and accident/incident logs. A number of

residents stated that they were well cared for by all staff and felt safe living in the center. Visitors also outlined that their loved one was well cared for and that staff were very attentive to residents' needs. In this small center it was clear that staff knew residents well and were able to demonstrate a good knowledge of the residents' healthcare and support needs.

The inspector noted that this center had an additional condition of registration in relation to the physical environment. This condition required the premises to be reconfigured in accordance with plans submitted by the provider representative to HIQA in March 2015. However, the date for the implementation of this premises development and expansion plan was January 2021.

From the six actions identified in the previous inspection four actions had been completed however, two actions in relation to premises had not been sufficiently addressed and are therefore restated.

There were nine outcomes reviewed and four were compliant, one outcome substantially compliant and four outcomes safeguarding and safety, health and safety, suitable premises and residents rights dignity and consultation were moderately non-compliant with the regulations. 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 Centre's 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 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:
There was an effective management team in place as evidenced by the level of compliance identified on previous inspections, the findings from this inspection and the on-going improvments within the centre. The provider representative was based on site and she was a qualified solicitor that had worked in the center since 2009. She was also a provider representative for another center which she visited every couple days and made herself available to the inspector during this inspection. The person in charge was an experienced nurse who was appointed to this post in December 2014. The person in charge was supported by the provider representative with daily informal meetings and regular structured management meetings and the provider representative stated that she was always available when required. The inspector noted that there was also an Assisted Director of Nursing (ACNO) available to support the person in charge in her role. Staff to whom the inspector spoke were familiar with the organisational structure of the centre. The provider representative and person in charge had good oversight of the service. The person in charge informed the inspector that she had adequate autonomy and support to meet his responsibilities under regulation.

Throughout this inspection the inspector spoke to both the provider representative and the person in charge. They explained their areas of responsibility and were found to be suitably knowledgeable and resident oriented, in their approach. They were aware of the regulations governing the sector and the national standards. Evidence of consultation with residents was clearly available in a sample of residents care plans and minutes of residents' meetings. There was also evidence of good consultation with residents and relatives via resident/relative satisfaction surveys and the results from the most recent survey were still being correlated. From a review of the available returned resident/representative questionnaires; the overwhelming responses seen were very positive. Residents spoken with by the inspector were very complementary of their experience of care in the center. The inspector was informed that resources were

available to ensure on going premises upkeep and for the continuous professional development of staff. Supervision and regular appraisal of staff was on-going. The annual review of the safety and quality of care had been completed for 2016 with the action plan for 2017. The person in charge had made this report available to residents and the inspector.

There was evidence of meetings with staff and regular meetings were held with residents. The person in charge was well known to residents and relatives to whom the inspector spoke with. From a review of the minutes of residents 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. For example, residents had raised queries in relation to changes to the breakfast menu options and choice of available activities. However, the inspector noted that these issues had been remedied by the provider and person in charge immediately. Where areas for improvement were identified in the course of the inspection both the person in charge and the provider representative demonstrated a conscientious approach to addressing any issues and a commitment to compliance with the regulations.

Audits were made available to the inspector from 2017. Audits were completed in pertinent areas to review and monitor the quality and safety of care and the quality of life for residents. For example, such as falls prevention, incidents and accidents, nutrition, activities, infection prevention and control, pain, end of life and care planning. The audits identified areas for improvement and audit recommendations. Improvements were brought about as a result of learning from these audits. For example, the findings from the audits had informed the staff training requirements and improvements in the care planning documentation particularly in response to incidents of falls and responsive behaviors.

Judgment:
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 inspector interacted with the person in charge throughout the inspection process. There was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a day-to-day basis. The person in charge had worked in the center since 2011 and had been working as the

person in charge since January 2014. The person in charge was an experienced nurse having qualified in 1987 and possessed the clinical knowledge and experience of older person services to ensure suitable and safe care. During the inspection, the person in charge demonstrated good knowledge of the legislation and of her statutory responsibilities. She was clear in her role and responsibilities as person in charge and displayed a commitment towards providing a person centered high quality service. The person in charge was supported in her role on a daily basis by the provider representative. Residents and staff to whom the inspector spoke identified her as the person who had responsibility and accountability for the service. There was evidence that the person in charge had a commitment to her own continued professional development and had completed a number of courses such as care of the older person, dysphagia, wound care and a management course.

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:
The inspector found that there were measures in place to protect residents from suffering harm or abuse. These included suitable policies and procedures in place to guide staff in the care and protection of residents. For example, there was a policy on safeguarding and elder abuse, a policy on behaviour management and a policy on protecting residents privacy and dignity. In addition, the inspector noted that a copy of the national safeguarding policy 2014 was also available in the center. Safeguarding training was also provided on an on-going basis in-house. From a review of the staff training records all staff had received up-to-date training in a programme specific to protection of older persons. This training was supported by the aforementioned policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. Staff and the person in charge were interviewed and demonstrated a good understanding of safeguarding and elder abuse prevention. All were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident.

The inspector was satisfied that there were transparent systems in place for the management of residents' finances which were guided by a center specific policy.

Comprehensive financial records that were easily retrievable were kept on site in respect to each resident. There was an itemised record of charges made to each resident, money received or deposited on behalf of the resident, monies used and the purpose for which the money was used was maintained. The provider representative confirmed that she acted as a pension agent for one resident. In relation to this pension account there were transparent arrangements in place to safeguard the residents' finances and financial transactions. However, the inspector noted that improvement was required with the creation of a residents' account separate from the center's in order to be fully compliant with the Department of Social Protection guidelines for pension agents.

There was a policy on responsive behaviour (a term used to describe how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were provided with training in responsive behaviors training which was on-going. The inspector noted that there were a small number of residents with a diagnosis of dementia living in the center. The person in charge outlined how since the previous inspection there had been improvements in relation to supporting residents with dementia or a cognitive impairment. For example, there had been improved individualized and tailored activities for residents, increase use of orientation aids such as additional clocks and calendars and improved signage throughout the center. Training records showed that most staff had received up-to-date training in this area at the time of the inspection and the person in charge stated that further training in responsive behaviors was planned. There was evidence that for the residents who presented with responsive behaviour they were reviewed by their General Practitioner (GP) or other professionals for full review and follow up as required. However, most but not all care plans reviewed for residents exhibiting responsive behaviour were seen to include positive behavioural strategies. In one care plan reviewed, nursing staff had assessed the resident as requiring the provision of an ''antecedent, behavior and consequence chart (ABC chart) in order to record person-centred de-escalation methods to be used to support this resident. However, this chart had not been recorded in this residents' care plan and this issue was addressed and actioned under outcome 11 of this report.

The person in charge stated that the center was contentiously working towards a restraint free environment. This was evidenced from the inspectors observations, from speaking to staff and from a review of records including care plans and restraint assessments and monitoring records. There was a center specific policy on restraint and there was evidence that overall the use of restraint was in line with national policy. The restraint register recorded seven residents using bedrails on the day of inspection. The person in charge stated that a number of residents had requested bedrails to be placed on their beds. For all residents with any form of restraint; there was evidence that there was regular checking/monitoring of residents, discussion with the resident's and/or their family and the GP. The inspector saw that there was an assessment in place for the use of bedrails. These assessments clearly identified what alternatives had been tried to ensure that the particular form of restraint was the least restrictive method to use. There were records available for all residents in relation to the trailing of alternatives. The inspector was assured by these practices and saw that whenever possible alternative measures were used. For example, there were bed alarms and floor alarm mats used for a number of residents to reduce the use of bed rails in the centre. The inspector also noted there had been a continued reduction in bed rail usage since the

last inspection. The center was located adjacent to a busy road and the inspector observed that all exit doors in the center were accessible via the use of digital coded locks. Residents and visitors could press a door bell/call bells or ask staff if they wished to use these doors. However, this environmental restraint had not been managed or recorded line with national policy.

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):
No actions were required from the previous inspection.

Findings:
There was a center specific safety statement and a risk management policy that had been most recently reviewed in January 2016. The inspector was informed that the provider representative and the person in charge met each month to review health and safety issues including any incidents, accidents or near misses in the center. This meeting also reviewed procedures and practices including risk management and fire safety in the center. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency, assessments for malnutrition and assessments for pressure ulcer formation. All accidents and incidents were recorded on incident forms, were submitted to the person in charge and provider representative. The inspector noted that there was evidence of suitable actions in response to individual incidents. For example, from a sample of records of incidents involving residents it was clearly recorded the action taken to support the resident following any untoward event. There was recorded information/communication with relevant persons such as the person in charge, the residents' GP, next of kin, the clinical observations taken and any learning/changes required to prevent reoccurrence. There was also evidence of further actions including reviews of practice, care planning, updated risk assessments and further staff training.

There was a risk management policy as set out in schedule 5 of the regulations and included all of the requirements of regulation 26(1). The policy covered the identification and assessment of risks and the precautions in place to control the risks identified. There was a risk register available in the center which covered for example, risks such as residents' falls, fire safety risks and manual handing risks. There were adequate governance and supervision systems in place to monitor residents at risk of falls, wandering or negative interactions. These were reviewed by the person in charge on an on-going basis. Overall the premises appeared safe and there were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on

corridors and safe walkways were seen in the outside areas. However, the inspector noted that the design and layout of the stairs and stair bannister had not been risk assessed. In addition, the inspector was informed that bags of laundry were carried down these stairs to the laundry room which was located in separate building at the back of the premises. However, this manual handling arrangement or the potential trip hazard located at the top of the steps out of the sluice room near the laundry room, had not been risk assessed.

The fire policies and procedures were center-specific and the fire safety plan was viewed by the inspector and found to be adequate. There was written confirmation from a competent person that the premises were in substantial compliance with all statutory requirements relating to building regulations and fire safety acts. There were fire safety notices for residents, visitors and staff appropriately placed throughout the building. Staff demonstrated appropriate knowledge and understanding of what to do in the event of fire. All staff had up to date fire training as required by legislation. The inspector saw that fire training was regularly provided to staff with the most recent training recorded as occurring in January 2017. The person in charge stated that further training was on going with further fire planned in the coming months. The fire alarm system was also inspected quarterly each year with the most recent inspection recorded in June 2017. The inspector examined the fire safety register which detailed services and fire safety tests carried out. All fire door exits were unobstructed and there were records of weekly checks of fire alarm and emergency lighting and daily monitoring of fire exits. From a review of these records the inspector noted that there had been a fault in one emergency light recorded on 2 November 2017. The following three days recorded no faults however, a fault was again recorded for this same emergency light for the following two days until it was actually fixed. The importance of accurate recording of all fire safety monitoring checks was discussed with the person in charge and the provider representative who agreed to review this matter further. In addition, the inspector noted that there were records of the emergency lighting being regularly serviced by a competent person however, the service intervals were not adequate as they were provided annually and not quarterly, as required by regulation.

There were three residents that smoked tobacco in the center at the time of inspection. There was a smoking shed available for residents' use which contained a fire extinguisher, call bell facility and fire blanket within reasonable proximity to this room in the event of a resident requiring assistance. Residents who were smokers had individual smoking risk assessments in place and all cigarettes and lighters were safely stored by staff. The person in charge told the inspector and records and staff confirmed that fire drills were undertaken regularly both day and night time. The inspector noted that the number of participants, the actions taken and outcome of the fire drills were documented. However, the records of the fire drills needed improvement for example, these records did not record the length of time for each drill to be completed, the fire scenario simulated or any difficulties, learning or improvements required following these practice drills.

Care plans contained a current manual handling assessment and plan that referenced the specific equipment required for resident and staff safety. Manual handling practices observed were seen to be generally in line with current best practice and the training matrix recorded that all staff were trained in manual handling. The provider

representative confirmed that the slings to be used with lifting hoists were individualized to each resident.

Overall there were systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place. The communal areas and bedrooms were found to be clean and there was good standard of general hygiene in the centre. Staff that were interviewed demonstrated good knowledge of the infection prevention and control procedures to be followed or demonstrated suitable hand hygiene practices. All hand-washing facilities had liquid soap and paper towels available. There were center specific policies and procedures in place on infection prevention and control. However, there were a number of infection control issues including:
● the top of the bedpan washer in the sluice room was noted to contain excessive amount of dust
● the water taps of the wash hand sinks in the center's sluice facilities were not adequate as they were domestic in design and did not promote good hygiene and infection control practices
● the size, design and layout of the laundry room was not adequate to promote good infection control practices and prevent cross contamination
● there was a urinal unsuitably stored on top of as heating radiator in one residents' bedroom
● the covers for two commodes were damaged and in need of repair
● the cover of one supportive chair was observed to be worn and required repair
● there were linen trolleys with soiled linen unsuitably stored in two communal shower rooms.

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 center specific medication policy which was dated as reviewed most recently in June 2017. Medication management training had been provided to all nursing staff. There was a community retail pharmacist who supplied medication to the center. Nursing staff with whom the inspector spoke demonstrated adequate knowledge of the general principles and responsibilities of medication management. Medicines were stored in a locked cupboard, medication trolley or within a locked room only accessible by nursing staff. The inspector noted that the door into the nurses office that contained the

medication trolley had a keypad lock, a self closing door mechanism and was to be kept locked at all times. However, the inspector noted on one occasion during the inspection, that this doors self closing mechanism had been switched off. The provider representative agreed to review this arrangement to ensure that this door was suitably secured at all times. 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 center-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 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 actions from the previous inspection had been completed. The inspector noted that care was provided in accordance with the center's statement of purpose. Nursing care was provided to residents in a safe, homely and generally comfortable environment. The person in charge outlined how all prospective residents were assessed and examples of pre admission assessments were seen in residents care plans reviewed by the inspector. This pre admission assessment was carried out to ensure that each resident met the admission criteria as stated in the centers' statement of purpose. The inspector noted that on the days of inspection there were five residents assessed as having maximum dependency, three residents assessed as having high dependency needs, seven residents as having medium care needs and nine residents as having low dependency care needs.

Overall the inspector was satisfied that residents' healthcare requirements were met to a good standard. There was a morning and evening handover each day and all staff including the person in charge discussed residents clinical, health and social care needs. The inspector joined the morning handover meeting and noted that this meeting also discussed and highlighted to staff any changes or issues of concern. Residents whom the inspector spoke to confirmed that they were well cared for and were very complementary about the kindness and standard of care and support provided to them by all staff.

From a review of documentation; there was evidence that residents' healthcare requirements were adequately and regularly assessed by competent nursing staff. Those 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 were a number of GP's attending the center. There was evidence that residents, as appropriate to their needs, had access to other healthcare professionals and services including dietetics, speech and language therapy, occupational therapy, psychiatry, chiropody and physiotherapy. There were also records of arrangements in place to facilitate optical and dental review.

Some residents with insulin dependent diabetes required their blood glucose levels to be monitored closely and this recording requirement was identified in their care plans. The inspector noted that blood glucose levels recorded for one such resident had been fluctuating. However, from a review of the monitoring records for this resident, there were a number of dates with no blood glucose levels had been recorded. This record therefore was not in compliance with the residents' care plan. In addition, on these dates this residents' blood glucose levels were not adequately recorded to guide nursing staff if they were required to administer insulin to this resident. These records were also not adequate to provide a complete and on-going record of this residents blood glucose levels in order to identify the individual blood glucose level variations which subsequently inform on-going clinical practice.

The inspector saw that each resident had a nursing plan of care. The inspector reviewed a random sample of care plans and was satisfied that the general standard of care planning was suitable to meet residents' needs. There was evidence that each care plan was informed by assessment and reassessment as required and at a minimum four monthly intervals. Care plans were completed in consultation with the resident and/or their representative and were supported by a number of validated assessment tools. Care plans seen were person centered, 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 and informative. Each resident's vital signs were recorded regularly with action taken in response to any variations. However, as already identified under outcome 8 of this report in one care plan reviewed, nursing staff had assessed the resident as requiring the provision of an ''antecedent, behavior and consequence chart (ABC chart) in order to record person-centred de-escalation methods to be used to support this resident. However, this chart had not been recorded in this residents' care plan.

There was a low reported incidence of wounds. The inspector saw that the risk of wound development was regularly assessed by nursing staff and the person in charge provided oversight by regularly auditing these plans. 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 or residents, low beds and safety mats. 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.

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

Findings:
The inspector noted that this center had an additional condition of registration in relation to the physical environment. This condition required the premises to be reconfigured in accordance with plans submitted by the provider representative to HIQA in March 2015 and with an implementation date of January 2021.

While a number of actions from the previous inspection had been completed such as improved signage in the premises and the installation of additional televisions in some bedrooms. However, two actions from the previous inspection had not been completed. The first of these outstanding actions related to the two three bedded bedrooms which had been identified on the previous inspections as having inadequate space to meet needs of residents. Due to the size, layout and furniture in these two three bedded bedrooms; there continued to be insufficient space including space for seating should all residents choose to sit in their bedrooms. This outstanding action potentially impacted on residents right to choice in relation to where they spent their day and was addressed and actioned under outcome 16 of this report. The second outstanding action related to

the need for redecoration of some areas of the center, including the corners of some corridor walls and some bedroom doors. These areas continued to required minor decorative upgrade as they had been damaged by equipment passing through. The provider representative had previously submitted a time line of 31/01/2017 for completion of these two actions however, both actions remained uncompleted at the time of this inspection.

The center was established in the early 1900s and was initially used as a military convalescence facility. The center was located just on the outskirts of Tipperary Town. The original premises was two storey with a further more modern two storey extension. The center could accommodate 26 residents and on the day of this inspection there were 24 residents living in the center. There was a well established and pleasant enclosed secure garden area available to residents and the center was within walking distance of the local shops, a GAA pitch, railway station, churches and other amenities.

Overall the premises was homely and residents spoken to, stated that they were happy with their accommodation. Resident accommodation was provided on both floors of the building. Eleven residents were accommodated on the ground floor in three single bedrooms (none of which are en suite), two single bedrooms each with en suite toilet, wash-hand basin and assisted shower and two three-bedded bedrooms (neither of which are en suite). An assisted bathroom with toilet was provided on the ground floor. Toileting facilities were generally adequate to meet residents needs. 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. Individualized screening was provided in shared bedrooms however, the inspector noted that the screens provided in one of the three bedded bedrooms was not adequate as it did not completely cover the area of this bed to ensure this residents privacy this issue was actioned under outcome 16 of this report.

A day room, dining room and smaller visitors' room was provided on the ground floor. The nurses' station was located centrally on the first floor and a secure, mature and well maintained garden was provided for residents.

Internally, the inspector found the premises to be visibly clean overall, adequately heated, lighted and ventilated and aside from the aforementioned decorative works; the premises was generally in good decorative order. The necessary sluicing facilities were provided and access to high risk areas such as the sluice room and the laundry was restricted. The laundry was located in an external area and adequate security measures were in place and a wash hand basin was provided in the laundry. However, as already detailed and actioned under outcome 8 of this report the size, design and layout of the laundry room was not adequate to promote good infection control practices and prevent cross contamination.

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. However, the inspector noted that there was no call bell facility in the visitors room.

The outstanding issues as previously identified in relation to the premises were

discussed at length with the provider representative. She agreed to submit a progress update in relation to the previously submitted premises development and expansion plan that included additional bedrooms and associated sanitary facilities, communal areas and a passenger lift.

Judgment:
Non Compliant - Moderate

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

Findings:
One action from the previous inspection had not been completed. This action was in relation to the two three bedded bedrooms which were not suitable due to their size, layout and the furniture in these bedrooms. There continued to be insufficient space including space for seating should all residents choose to sit in these bedrooms. This outstanding action potentially impacted on residents right to choice in relation to where they spent their day. In addition, privacy screening was provided in all multi-occupancy bedrooms to protect the residents privacy. However, the screens provided for one bed in one of the three bedded bed rooms was not the correct size and did not adequately ensure this residents privacy.

Since the previous inspection, there were regular residents forum meetings held and a recently appointed activities coordinator. The provider representative stated that the center was well supported by the local community on an on-going basis. For example, local musicians performed regularly and the inspector noted that local Irish Dancers had performed in the center. A number of residents regularly visited local sporting events including the nearby GAA grounds, restaurants and occasionally the local pub. Some residents enjoyed frequent visits or outings including the occasional overnight visit away from the center and some residents regularly attended a local day care service. The person in charge outlined how during the summer there had been a very successful garden party held in the grounds of the center. The inspector noted from photographs of this event that it had been well supported by residents, their families and friends. In addition, the person in charge outlined arrangements for a planned Halloween party this coming week.

The person in charge stated that the center was endeavouring to provide a homely environment for residents. That the overall ethos of the service upheld the individual rights, dignity and respect for each resident. For example, the nursing assessment included an evaluation of the resident's social and emotional wellbeing including suitable activities assessments such as "This is Your Life". Residents had access to the daily national newspapers, local weekly newspapers, magazines, books and several residents were observed enjoying newspapers. Residents had access to radio, television, and information on local events. It was evident to the inspector that residents had opportunities to participate in some activities that were meaningful and purposeful to them and that suited their needs, interests, and capacities. A range of activities were facilitated, for example, live music sessions, prayers/mass, bingo. For each resident there was a "This is Your Life" document completed in each residents' care plan reviewed. These records were instrumental in developing staff knowledge and awareness into the background, preferences and social support needs of residents. These records were completed in consultation with residents and/or their representatives, as appropriate. The inspector noted that staff were knowledgeable of each resident's life history, hobbies and preferences which also informed the planning of residents' activities. The inspector noted that there appeared to be a positive and friendly atmosphere in the center between residents and staff.

Residents were facilitated to exercise their civil, political and religious rights. Residents were supported to vote in the center or at their local poling stations. The inspector observed that residents' choice was respected wherever possible. Aside from the limitations of some parts of the premises, residents retained control over their daily life and were 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 sitting rooms. Respect for privacy and dignity was evidenced throughout the inspection. Staff were observed to knock on doors and get permission before entering bedrooms. The person in charge outlined how in this small center she was able to actively consult with all residents and many of their representatives, each day. From speaking to residents it was clear that a number were able to advocate for themselves and/or with the support of their representatives. The inspector noted that there was an independent advocacy service provided and the contact details of the advocate were placed in a prominent position, near the entrance to the center.

Judgment:
Non Compliant - Moderate

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

Findings:
The action required from the previous inspection had been completed. The inspector observed warm and appropriate interactions between staff and residents and observed staff chatting easily with residents. Residents spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to residents.

The inspector viewed the staff training and education records. An overall training matrix was in place and individual records were also maintained in staff files. Overall most mandatory training was in place and training records confirmed that most staff had received up to date training in fire safety, safe moving and handling, safeguarding vulnerable persons and training in challenging behaviors. Other training provided included, infection control, cardio pulmonary resuscitation (CPR) and for nurses' medication management. However, the inspector noted that most but not all staff had received training in behavior that is challenging or in dementia care. In addition, one recently recruited staff did not have patient handling training.

The inspector reviewed a sample of staff files which included all the information required under Schedule 2 of the Regulations. The provider representative confirmed that all staff and volunteers had been suitably Garda Vetted. Registration details with Bord Altranais agus Cnáimhseachais na hÉireannfor (Irish Nursing Board) for 2017 for nursing staff were seen by the inspector.

There were systems of communication in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of staff meetings at which operational and staffing issues were discussed. The inspector also saw that staff had available to them copies of the regulations and standards that had been made available to them in the nurses office and the staff rest rooms. Overall, the inspector found staff to be well informed and knowledgeable regarding their roles and responsibilities.

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:

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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 report[1]

Centre name:	Sacré Coeur Nursing Home
Centre ID:	OSV-0000278
Date of inspection:	02/11/2017
Date of response:	28/11/2017

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 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To take all reasonable measures to protect residents from abuse including ensuring that any environmental restraint is managed or recorded line with national policy.

1. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Please state the actions you have taken or are planning to take:
The Registered Provider has reviewed the current system for assessment and recording of any environmental restraints to ensure that the management and recording of same is done in compliance with the national policy going forward and the appropriate forms have been introduced.

Proposed Timescale: 23/11/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To take all reasonable measures to protect residents from abuse including financial abuse with the creation of a residents' account separate from the company's in order to be fully compliant with the Department of Social Protection guidelines for pension agents.

2. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:
The Registered Provider is in the process of opening a separate bank account for the benefit of the resident in question to ensure full compliance with the Department of Social Protection guidelines for such accounts.

Proposed Timescale: 07/12/2017

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated center including the design and layout of the stairs and bannister, the manual handling arrangement for the transport of laundry and the potential trip hazard located at the top of the the steps out of the sluice room.

3. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
The Registered Provider has taken the following actions: -
• The stairs and banister have been risk assessed.
• The arrangements for the transportation of laundry have been risk assessed and revised for better manual handling.
• The trip hazard in the sluice room has been risk assessed and a ramp will be added to reduce the existing risk.

Proposed Timescale:
Stairs and Laundry transportation risk assessments – 23.11.2017
Sluice Room trip hazard – risk assessment 23.11.2017. Timescale for ramp to be installed – 31.12.2017

Proposed Timescale: 31/12/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff including the following issues:
● the top of the bedpan washer in the sluice room was noted to contain excessive amount of dust
● the water taps of the wash hand sinks in the center's sluice facilities were not adequate as they were domestic in design and did not promote good hygiene and infection control practices
● the size, design and layout of the laundry room was not adequate to promote good infection control practices and prevent cross contamination
● there was a urinal unsuitably stored on top of a heating radiator in one residents' bedroom
● the covers for two commodes were damaged and in need of repair
● the cover of one supportive chair was observed to be worn and required repair
● there were linen trolleys with soiled linen unsuitably stored in two communal shower rooms.

4. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
The Registered Provider/Person in Charge will/has taken the following actions: -
• The Sluice room has been deep-cleaned and staff have received additional training regarding infection control procedures in relation to same – 23.11.2017.
• The water taps will be replaced with elbow-controlled taps by 31/12/17.

• The laundry has been risk assessed with regard to optimising infection control practices- 23.11.2017. As a result, a more efficient number of trolleys will be used going forward and an additional washing machine will be installed in the laundry room to improve through-put of laundry by 31.12.2017. This system will be reviewed after one month of operation by the Registered Provider and the Person in Charge.
• The storage of the urinal by one resident has been reviewed with the resident in question and a storage solution acceptable to all parties is in place which meets the infection control requirements – 23.11.2017.
• New commode covers will be obtained – 12.12.2017.
• The chair has been sent for repair – 31.12.17.
• The arrangements for the storage of linen during the morning shift have been reviewed by the Person in Charge and used linen is no longer temporarily stored in any bathroom – 23.11.2017.

Proposed Timescale: 31/12/17 for any outstanding items not already completed above.

Proposed Timescale: 31/12/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To make adequate arrangements for reviewing fire precautions including accurate recording of all fire safety monitoring checks.

5. Action Required:
Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
The Person in Charge has reviewed the correct procedures for the daily inspection and recording of faults with the staff member concerned. All other relevant staff have received refresher training in relation to the correct procedures also.

Proposed Timescale: 23/11/2017

Theme:
Safe care and support

The Registered Provider 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 and that the fire evacuation drills record the length of time for each drill to be completed, the fire scenario simulated and any difficulties,

learning or improvements required following these practice drills.

6. 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:
The Registered Provider has reviewed the procedure for recording fire evacuation drills, to ensure that going forward the records will show the length of time for each drill to be completed, the fire scenario simulated and any difficulties, learning or improvements required following these practice drills.

Proposed Timescale: 23/11/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services including the quarterly servicing of emergency lighting by a competent person.

7. Action Required:
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
The emergency lighting system will be inspected on a quarterly basis going forward.

Proposed Timescale: 23/11/2017

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais including the provision of an ABC chart in order to record person-centred de-escalation methods to be used.

8. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
The Person in Charge has reviewed and updated the care plan for the resident in question to ensure that same continues to be relevant to the resident's healthcare needs - completed

The Person in Charge will audit other similar care plans to review the usage and application of tools such as the ABC chart and will provide training to staff accordingly by 31/12/17.

Proposed Timescale: 31/12/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais including suitable records of all observations including blood glucose levels of residents as appropriate.

9. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
The Person in Charge has reviewed and updated the care plan for the resident in question to ensure that same continues to be relevant to the resident's healthcare needs - completed

The Person in Charge will audit other similar care plans to review the recording of all observations including blood glucose levels and will provide training to staff accordingly by 31/12/17.

Proposed Timescale: 31/12/2017

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated center and including:
- ensuring that the center is in a good state of repair and adequately decorated
- ensure that there is a call bell facility in all rooms used by residents including the visitors room.

10. 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:
The Registered Provider is progressing the minor decorative repairs as detailed in the report and same will be completed by 07.01.18.
The Registered Provider will install a call-bell in the visitor's room

Proposed Timescale: 07.01.18 for decorative repairs, 07.12.17 for installation of call-bell

Proposed Timescale: 07/01/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that each resident may undertake personal activities in private including the following;
- ensuring that all bedrooms including the multi-occupancy bedrooms have adequate space to meet the needs of residents
- ensure that all bed screens provide adequate privacy in all shared bedrooms.

11. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
The Registered Provider has re-configured the multi-occupancy rooms to provider better lay-out ensuring that each resident has adequate space in the room.
The Registered Provider has reviewed the bed-screens to ensure that same provide adequate privacy in the shared bedrooms.

Proposed Timescale: 23/11/2017

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents including given all residents choice as to where they could spend their day, including in their own bedroom if they wished.

12. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
The re-configuration described above ensures that each resident can comfortably spend the day in their own bedroom if they wish and extra seating has been provided accordingly.

Proposed Timescale: 23/11/2017