

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sacred Heart Hospital
Centre ID:	OSV-0000648
Centre address:	Pontoon Road, Castlebar, Mayo.
Telephone number:	094 902 1122
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Julie Silke-Daly
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	53
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
23 February 2017 08:30	23 February 2017 17:30
06 March 2017 09:30	06 March 2017 12:30

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 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced inspection undertaken to monitor compliance with the regulations and standards that govern the operation of designated centres. The inspector observed the delivery of care and reviewed documentation such as care plans, medical records, accident/incident reports, policies and procedures and the arrangements for social care. The inspector talked to residents about their experience of living in the centre where this was possible and also talked to staff about their training and specific roles.

The centre is located a short drive from the shops and business premises in Castlebar. It can accommodate 55 residents who require long term care or who have respite care, rehabilitation, convalescence or palliative care needs. The Sacred Heart Hospital provides a number of other services on this site and these include a day care service and rehabilitation and out- patient services. The majority of residents accommodated were older people but residents who had significant illness and high level care needs who were under 65 were also accommodated.

The centre is undergoing a programme of refurbishment that commenced in 2016. One unit was demolished and a new purpose designed building to replace this centre is under construction. The two units St. John's and Our Lady's that now form the designated centre were inspected. St. John's unit is just over six years old and is modern in design. It has four single rooms and the remaining bedrooms are multiple occupancy. The layout was well organized and dining and sitting areas were furnished in a comfortable style with homelike features. Our Lady's unit is part of the original building and although it was appropriately furnished and decorated well, there were signs of wear and tear particularly in the flooring in the sitting area. The inspector saw that all areas were clean and accessible supplies of personal protective equipment were available. Both units had features of interest for older people and people with dementia that could be used to introduce topics of conversation and to prompt their interest. There was an active art group that took place weekly and was facilitated by a local artist. Several residents talked enthusiastically about their participation in this group and said they had been able to complete pictures and pieces of work that they never thought possible. These were displayed throughout the centre.

Care, nursing and ancillary staff conveyed positive attitudes about the care of older people and displayed a good understanding of individual residents' needs, wishes and preferences. They described how they ensured that personal choices were fulfilled in relation to personal care, food choices and activities. Residents that the inspector talked to said that "the staff are great, good company and kind to us" and also said that "they help us keep independent and to do as much as we can for ourselves". Other comments indicated that the food was of a good standard and that staff are readily available when residents need assistance. One resident said that she could always talk to the staff and said that they listened "to my worries and try to help sort out problems". Residents also said they enjoyed a range of activities and valued the activity staff as "they had an interesting and varied range of things organised to keep us occupied". Residents interviewed said that they knew how to make a complaint if this was necessary and said that staff checked regularly that they were satisfied with their care.

The inspector noted that there was good access to medical services including mental health services for older people. Residents also had accessible services from allied health professionals. From the sample of residents' care plans reviewed, discussions with residents, visitors and staff the inspector found that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans were implemented. Residents were regularly reviewed to assess their potential for rehabilitation and varied options were explored to ensure they could achieve maximum capacity.

The last inspection of the centre was undertaken on 30 March 2016 to review the relocation of residents from St. Anthony's unit which was closing to facilitate the new building project. Some residents from here were accommodated in Our Lady's and in St. John's and some moved to other centres. The transfer and discharge arrangements and the precautions to be observed when moving frail older people were discussed.

There were areas identified for improvement noted during this inspection. These included damaged flooring throughout the building particularly in the sitting area in Our Lady's unit which created a hazard. The call bell system was noisy and intrusive when activated and required review to ensure the comfort of residents and access to some records required by legislation were not readily available to the persons participating in the management when the person in charge was off duty. The fire safety procedure required review to include the procedures for unannounced fire drills. 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 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 is a clearly defined management structure that describes areas of responsibility and lines of authority and accountability. The person in charge is supported by clinical nurse managers who take charge in her absence. They also had a role to in ensuring compliance in their clinical areas and audited varied aspects of the service that included care plans, medication management and general record keeping.

There were management systems and sufficient resources in place to ensure the delivery of care met appropriate standards of quality and safety. The inspector found that staff were well informed and supervised appropriately to ensure that care to residents who had a range of complex conditions such as dementia, problems associated with brain injury and degenerative conditions was delivered in accordance with good practice standards.

There was evidence of ongoing improvements to the service. The person in charge and staff team had introduced a number of features that reflected good practice in dementia care such as specialist training for activity staff and a sitting area that was furnished with a range of furniture and reminiscence material. This had enhanced the environment for residents and provided focal points for reminiscence and discussion.

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 person in charge has been in post over a year. She is a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service. She had responsibility for this centre and for another designated centre operated by the Health Service Executive(HSE). Her role was full time and her time was divided across both services. This arrangement was due to change as a person to be in charge of the service full time had recently been appointed. Her mandatory training in adult protection, moving and handling and fire safety and his registration with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

She was present on the second day of the inspection. She demonstrated good knowledge on clinical care issues in both units and had good understanding of her legal responsibilities under the regulations and standards.

Staff spoken with said that there was a good team spirit and support structure throughout the service. All staff knew the person in charge and said they felt able to discuss ideas or concerns with her or other senior staff.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre had a well established and generally well organised administration system. The inspector reviewed a range of documents, including residents' care records, the directory of residents, duty rotas, training records and health and safety records. The inspector found that records were complete and accurate in relation to the information reviewed.

The inspector reviewed a sample of the Schedule 5 policies and found that they were comprehensive and provided appropriate guidance to staff. All the required policies were available and staff knew where to access policies and procedures when they needed to refer to them.

Some records were maintained and stored in administration offices that were not always accessible to senior nurses (PPIMs) who regularly had responsibility for the centre. It is required that an arrangement is made to ensure that all records required by legislation are accessible to staff who may need them and available for inspection.

Judgment:

Substantially 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 were measures to protect residents being harmed or suffering abuse in place and staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. The policy and associated procedures associated with the Health Service Executive Safeguarding Vulnerable Persons at Risk of Abuse document were in place. Staff had received training in adult protection to ensure they could appropriately safeguard residents and protect them from harm and abuse. There were no active incidents, allegations, or suspicions of abuse under investigation. The person in charge had the responsibility of the designated person for the service and had received training for this role.

There was a visitors' record located at the main entrance. This enabled staff 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 signed by visitors entering and leaving the building.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails and lap belts was underpinned by an assessment that was recorded in care records. The inspector saw that a variety of equipment that included low level and profiling beds with sensor mats and this reduced the need for bedrails and provided appropriate protection for residents.

There were some residents with fluctuating behaviour patterns that required intensive staff input at times. The inspector saw that additional care and supervision care was provided where required and that interventions put in place were recorded. Staff reviewed incidents of unpredictable behaviour to ensure that the safety measures in place provided appropriate protection for other residents and staff. There was a policy that provided staff with guidance on how to manage fluctuating and responsive behaviours and the inspector saw that the guidance and good practice standards were followed.

Judgment:

Compliant

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were systems in place to promote and protect the safety of residents, staff and visitors to the centre. There was a risk management policy and information on general hazard identification that included moving and handling, the management of accidents and incidents, kitchen safety and fire safety. There were assessments for clinical risks outlined by nurses in care records and the areas identified included falls, skin vulnerability and compromised nutrition status. The information provided a good overview of the risks presented and the control measures in place.

An emergency plan was in place to guide staff on to how to respond to serious untoward incidents and emergency situations. This procedure provided staff with information on how to contact and advise senior managers if a crisis situation developed. There were systems to ensure an appropriate standard of infection control management was in place. One of the clinical nurse managers had responsibility for ensuring staff had up to date training on this topic. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in all toilet areas. There were supplies

of personal protective equipment at varied locations in each unit which ensured it was accessible to staff.

Measures were in place to prevent accidents in the centre. The age and design of Our Lady's unit made it difficult to ensure that all areas were clutter free and free of obstacles particularly when large items of equipment such as hoists and specialist chairs were in use. The use of equipment and trolleys required during cleaning and bed making activity also impacted on how staff could maintain a safe clutter free environment. There were grab rails in hallways and in bathrooms and toilets to assist residents to maintain their safety and prevent falls. Moving and handling assessments were available for residents, were noted to be up to date, reflected residents' dependency and included details of the equipment to be used for manoeuvres and the number of staff required to provide assistance safely. All staff had been trained in moving and handling of residents and on the prevention of accidents.

Accidents and incidents were recorded and were reviewed to determine any circumstances that could have contributed to the incident and to establish prevention measures as part of a learning culture from incidents/adverse events involving residents. The accident records outlined factual and substantiated information about events. Information on additional observations such as neurological records where a head injury took place or a fall was unwitnessed was recorded.

The fire safety arrangements were reviewed. The inspector noted that all staff were trained in what to do in the event of a fire and staff interviewed could describe what actions they were expected to take if the fire alarm was activated. Training records confirmed that staff attended training on five occasions during 2016. Student nurses and agency staff were noted to have been included. The training was completed by an external company and included training on the actions to take should clothing catch fire.

There were fire drills conducted at intervals to ensure staff remained competent and familiar with the fire safety procedures. The records of fire drill conducted in December 2016 and February 2017 were reviewed. The fire location, the move of residents through a set of fire doors, the time taken to complete the drill and the safe location of staff and residents was described. However, there was no information on problems encountered or any learning that may be useful for future drills or an actual fire event.

There was an inventory of all fire safety equipment as required by legislation. The fire alarm was serviced on a quarterly basis and emergency lights, fire extinguishers and the nurse call system were serviced through a contract arrangement. There was adequate means of escape and fire exits were noted to be unobstructed and were clearly identified. The fire exits were scheduled to be checked daily and the record was complete for the week prior to the inspection however records were not fully complete for January and February 2017.

There was a fire safety management policy and this included a range of information on fire safety. It was scheduled for review in January 2017. The inspector noted that the guidance did not include information on clothing catching fire or the procedure for undertaking unannounced fire drills.

The centre had a missing person procedure and there were safety measures in place to ensure that residents who were identified as at risk if unaccompanied outside did not leave the building unnoticed. However, the alarms used to alert staff when residents left the building were noted to be very noisy and invasive particularly for residents who were very frail or ill. The system required review and a more appropriate arrangement to ensure the comfort of all residents.

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 inspector found that there was a suitable storage arrangement for medication in place in both units. The nurses on duty were well informed about the medication in use and residents' medication regimes. The inspector found that each resident's medication was reviewed every three months by doctors, specialist services and nursing staff. Residents who had conditions that could fluctuate were monitored regularly by mental health and other specialist services.

The inspector noted that where residents required pain relief there was a system in place to monitor levels of pain to ensure appropriate safe administration of pain relief.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

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 53 residents in the centre during the inspection. The majority of residents were assessed as having maximum or high level care needs due to physical health conditions or dementia.

The arrangements to meet residents' assessed health and social care needs were set out in individual care plans. The inspector reviewed three care records on each unit.

Recognised assessment tools were used to assess levels of risk in relation to vulnerability to falls, dependency, nutritional care, risk of developing pressure area problems and moving and handling requirements. The inspector's review of care plans focused on the assessment and management of dementia, complex care, nutrition, fluctuating behaviour patterns and wound care problems.

The assessments completed were suitably linked to care plans and there were appropriate interventions outlined to meet the needs and any risk areas identified. For example there was evidence of frequent multidisciplinary involvement where residents had serious medical problems or where behaviours altered frequently. Plans for more intensive interventions were discussed between the staff team and specialist services. Staff demonstrated a good understanding of the risks involved where residents refused treatment and were aware of residents' rights as described in legislation. There was information in care assessments and care plans that indicated that alternative diagnoses were discussed to ensure that appropriate actions were taken to ensure residents' well being.

Care plans provided an informed overview of residents' care needs and how care was to be delivered. They were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. Records related to care such as nutrition records were up to date and provided appropriate detail on the food and liquid consumed by residents.

Residents had access to medical services and an out-of-hours service was also readily available. Nurses told the inspector that the current healthcare arrangements were satisfactory and said that they had formed good relationships with primary care teams and a range of allied health professionals. Residents at risk of weight loss were weighed reviewed regularly. Specialist advice was sought and diets were fortified or were supplemented with prescribed preparations to ensure residents' well being. A review of residents' medical records showed that doctors visited the centre to review medications and to respond to changes in health care. Access to allied health professionals such as speech and language therapists, dieticians and community mental health nurses was available. There was evidence that residents and relatives were involved in care plans and the inspector saw that their views and contributions to their relatives care were recorded and included in care plans.

The majority of residents in St. John's unit had cognitive impairments and care records provided an accurate picture of residents' ability to communicate and their specific memory problems. Staff were familiar with the residual ability and capacity residents retained and encouraged residents to recall past times and events to ensure they retained a sense of self. This was evident from social care activity particularly the sonas activity sessions where residents were encouraged to sing songs and recall their individual memories from early life and from work. Some residents were in very advanced old age and care plans reflected.

There were processes 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.

Residents had opportunities to participate in activities and there were staff specifically allocated to social care interventions throughout the week. The inspector saw that carers chatted and engaged well with residents when they were not engaged in personal care and residents who could only respond on a one to one basis had regular engagement from staff. Staff were observed to go to bedrooms to talk to residents and included people by addressing them directly when conducting conversations in sitting rooms. Activity staff had specialist training for their roles. This included training in sonas activity (a specific sensory intervention for people with dementia) and in Imagination Gym.

There were two residents with wound care problems, one of which was a pressure ulcer that became evident following a hospital admission. Records indicated that there were regular assessments of the condition of wounds and the progress or change evident when dressings were renewed.

The inspector found that staff were familiar with factors that triggered changes in residents behaviour and were generally able to divert them so that behaviours did not become too problematic to themselves or others.

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 clean, warm and generally well maintained on the day of inspection. The sitting rooms were homelike and comfortable and had a range of seating to suit residents needs. Bedrooms were tidy and each resident had storage space which although very limited was near residents' beds and was accessible to them. The centre had a number of multiple occupancy bedrooms that did not facilitate the provision of appropriate levels of privacy and dignity to residents. These have been the subject of previous action plans to the provider and a building project was underway to complete a new unit that would meet residents' needs and expectations. This is scheduled for completion early in 2018. The inspector noted that staff used screens diligently when providing personal care. At the time of this inspection all the multiple occupancy rooms were occupied.

The inspector noted that the floors in some areas were badly damaged and uneven. The areas where significant damage was evident were the sitting room in Our Lady's unit and in the hallways throughout the building.

There was appropriate equipment available to support residents and where residents needed specific equipment assessments were completed and the equipment sourced to ensure comfort and well being. Handrails were provided in circulation areas. Grab rails were provided in the shower and toilet areas. A functioning call bell system was in place and at each resident's bed. There was adequate parking for visitors and staff in the grounds.

The majority of residents were accommodated in the centre on a long-term basis. Residents' rooms viewed were personalised with photographs and ornaments.

The inspector noted that the residents' areas were readily accessible and not secure. Anyone walking through the building could walk into the residential units and the inspector concluded that security should be reviewed to ensure appropriate safety standards for residents and staff. There was an alert system to advise staff if residents at risk left their units or the building. This was very noisy and intrusive when activated. The system required review to ensure that the comfort of all residents was maintained.

Judgment:

Non Compliant - Moderate

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:

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

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

Findings:

The inspector found that menus and information supplied by catering staff and nurses conveyed that residents had a varied and balanced diet. Residents comments about the food included "the food is lovely, good variety every day", " great home cooking here, I love the food". There were procedures in place to assess, review and monitor residents' nutritional intake and the systems ensured that residents at risk of nutrition shortfalls were identified and monitored appropriately. Staff in one unit had addressed a specific problem in relation to nutrition and the inspector found that a range of assessments and interventions had been put in place to support the resident's well being.

The catering manager outlined how food preferences and choices were accommodated. The inspector reviewed the special dietary requirements of individual residents and saw that information on residents' dietary needs and preferences was maintained in units and in the kitchen. Catering staff were found to be well informed and knowledgeable about specialist diets and worked with care staff to ensure appropriate foods were provided in accordance with assessed requirements. There is a four week planned menu cycle. A choice of cooked meals is available at midday and in the evening. Residents can make alternative choices to the menu options and the chef is informed by carers or catering staff on each unit to ensure the replacement meals are available at the required times. Snack options were available to ensure sufficient and adequate calorie intake particularly where residents were on fortified diets or had active behaviour patterns. Snacks, beverages and cold drinks were available throughout the day and staff were observed to remind residents to have a drink and to provide drinks where residents could not assist themselves.

The inspector observed that staff assisted residents in a way that protected their dignity during meal times. There was adequate time allocated to meals and residents and staff assisting them were observed to be able to take whatever time they wished and were not rushed. The significantly high care needs of many residents meant that a high staff presence was required in dining areas at meal times. Staff were noted to be deployed appropriately to meet residents' needs.

There was a food and nutrition policy available to guide staff on nutrition management. The policy is supported by a range of procedures that included aspects of health promotion in relation to diet, the management of fluids and hydration, percutaneous endoscopy nutrition systems, medication management and the care of residents with specific conditions such as diabetes. Staff were familiar and knowledgeable about the policies in place and knew where policy documents were located when they needed to refer to them.

An action plan in a previous report highlighted that communication of menu choices required improvement. The inspector saw that pictorial and photographic representations of meals were available to help residents make meaningful choices at

mealtimes.

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:

The inspector reviewed staffing levels on each unit and discussed the staff allocation with the person in charge and the staff team. The delivery of care and the provision of social care was observed in the context of staff deployment. Staff described how they allocated workloads and determined staffing requirements. Staff told the inspectors that they generally worked in one area to maintain continuity of care and to ensure they were familiar with residents and their care needs. The inspector found that the day and night staff allocation was appropriate to meet the needs of residents. The night staff allocation had been enhanced by the addition of two clinical nurse managers which ensured that there was a senior nurse on duty to support staff over the seven day week. The centre provides training placements for student nurses and staff on healthcare courses. All qualified nurses have preceptor roles and supervise students.

The inspector talked to varied staff members and found that they were knowledgeable about residents' individual needs, the emergency procedures including fire safety and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and that a good team spirit had been developed within the centre. All staff conveyed a commitment to providing a good quality of life for residents and described how they addressed individual choices and preferences. They said that when residents were admitted that their preferences were discussed with them or with family members if there were communication problems or significant levels of dementia. Staff said they adhered to the way residents wished their days to be organised in relation to when they liked to get up and go to bed, the activities they attended, meal times and menu choices. Many residents were highly dependent and staff said that they supported both residents and their relatives through varied stages of illness and rehabilitation.

The inspectors talked to residents about their experiences of being cared for in the centre. They were positive about the care they received and made the following comments:

"Staff are on hand and I can go to plenty of activities that take my mind away from my illness"

"Care here is wonderful and I'm so glad the staff are kind and willing to help so readily".

Other residents told the inspector that they liked that relatives could visit without difficulty and that any concerns they had were listened to and resolved by staff. Two residents described how medical and nursing care had improved their health.

The inspector observed that call-bells were answered in a timely way, staff were available to assist residents and there was appropriate supervision in the dining rooms and sitting rooms throughout the inspection days.

The inspector was provided with details of the training that had been provided to staff during 2016. Training had been provided on a range of topics and included the statutory topics of elder abuse and the protection of vulnerable people, fire safety and moving and handling. Other topics included hygiene, life support, advocacy, Trust in Care, dysphagia, managing pain and capacity assessment and consent.

Residents and staff were observed to have good relationships and residents were comfortable and relaxed when staff approached them. Interactions were observed to be positive and reassuring particularly when residents were restless or conveyed signs of distress or anxiety.

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



Provider's response to inspection report¹

Centre name:	Sacred Heart Hospital
Centre ID:	OSV-0000648
Date of inspection:	23/02/2017
Date of response:	28/04/2017

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Some of the records required by legislation were not readily accessible for inspection.

1. 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

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

the Chief Inspector.

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

All records set out in Schedules 2, 3 and 4 shall be kept in the Assistant Director of Nursing Office and shall be available for inspection by the Chief Officer .

Proposed Timescale: The required records shall be moved by 31/5/2017

Proposed Timescale: 31/05/2017

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:

The age and design of Our Lady's unit made it difficult to ensure that all areas were clutter free and free of obstacles particularly when large items of equipment such as hoists and specialist chairs were in use. The use of equipment and trolleys required during cleaning and bed making activity also impacted on how staff could maintain a safe clutter free environment which is necessary to prevent accidents..

2. 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 risk management policy shall be updated to include hazard identification and assessments of risks throughout the Centre.

The plan to relocate our residents from Our Ladies to the newly built are should be completed in Jan 2018

Proposed Timescale: Risk Management Policy Update shall be completed by 30TH July 2017

Relocation of Residents shall be completed by 31st Jan 2018

Proposed Timescale: 31/01/2018

Theme:

Safe care and support

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

The record of fire exit checks was not fully complete.

3. 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:

Daily fire exit checks are undertaken by the CNM1 in charge on Night Duty, this task shall be allocated to the person in charge or their designee on day duty in their absence.

Proposed Timescale: This shall be discussed and the plan agreed at the next CNM on Wed 3rd of May 2017.

Proposed Timescale: 03/05/2017

Theme:

Safe care and support

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

The fire safety management policy required review as it was scheduled for update in January 2017. The information to guide staff required review as the procedures for undertaking unannounced fire drills and managing a situation where clothing is on fire had not been included.

4. 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:

Fire safety precautions have been reviewed by our Fire Safety Officer and a verbal report was provided to the in-house Governance meeting held on the 27/4/17

Proposed Timescale: The fire policy shall be reviewed and updated by 31st May 2017.

Proposed Timescale: 31/05/2017

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:

The centre had a number of multiple occupancy bedrooms that did not facilitate the provision of appropriate levels of privacy and dignity to residents

The security arrangements required review as there was ready access to all units from

the main entrance

The alarm system to alert staff when residents left the building required review as it was noisy and intrusive.

5. 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 new purpose built building provides premises which conform with regulation with the plan to move residents to the new units in Jan 2018.

The access to all units is under review with discussions regarding reception and security of the building ongoing with the Manager of Older Persons Services.

A new alarm system to alert staff when residents left the building will be purchased as part of the procurement of goods with the new building.

Proposed Timescale: 31/01/2018

Theme:

Effective care and support

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

The floor was badly damaged in several areas notably the sitting room in Our Lady's unit and in the main hallways.

6. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

A review of the premises was undertaken by the Maintenance Manager, the Head of the Manager of Older People Services and the Director Of Nursing. It was agreed that floor in the Sitting room in Our Ladies and Conservatory would be replaced/ mended as soon as possible. A submission is being made to have the main corridor repaired on a phased basis over the next three years.

Proposed Timescale: The main hallway shall be completed by 2020

The sitting room and conservatory shall be completed by the 30th June 2017

Proposed Timescale: 31/12/2020