

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Sacred Heart Hospital
<b>Centre ID:</b>	OSV-0000648
<b>Centre address:</b>	Pontoon Road, Castlebar, Mayo.
<b>Telephone number:</b>	094 902 1122
<b>Email address:</b>	mary.cotter@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Michael Fahey
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	64
<b>Number of vacancies on the date of inspection:</b>	13

## **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.

**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 Quality 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 announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
03 February 2015 09:30	03 February 2015 17:30
04 February 2015 09:30	04 February 2015 16:30

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

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

**Summary of findings from this inspection**

As part of the monitoring inspection, the inspector met with residents, staff members the person in charge and the provider. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed questionnaires submitted by residents and relatives, which indicated a high level of satisfaction with the care provided.

Evidence of good practice was found throughout the service. Residents' health care needs were well met. There was a comprehensive assessment and care planning system and residents had good access to medical and health care services.

Residents were supported to practice their religious beliefs as they wished and had the opportunity to vote. There was a good standard of catering and residents were offered choices at mealtimes and snacks and drinks were available at all other times. The building was warm, clean, comfortably furnished and residents had access to a safe and secure outdoor area.

Some improvement however, was required to documentation of health care interventions and outcome of complaints, communication of meal choices. Improvement to the occupancy of bedrooms, which would not meet the requirements of the Regulations and Standards by 1 July 2015, was also required. Since the last inspection the provider, in consultation with the person in charge and the estates department in the Health Service Executive had developed a plan to address this deficit. Structural work was due to commence in the near future.

The provider and person in charge stated at the feedback meeting that the issues outlined would be addressed.

**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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***  
***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
There was an up to date statement of purpose, which reflected the service being provided in the centre and included the requirements of Schedule 1 of the Regulations.

**Judgment:**  
Compliant

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**Outcome 02: Governance and Management**

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre.

There was a suitable management structure in place to ensure the effective governance of the service. The provider is the Health Service Executive (HSE), represented by the general manager for the Mayo area. The provider held monthly accountability meetings with the directors of nursing in the Mayo area. The directors of nursing for HSE older persons services in Mayo, Galway and Roscommon also met at least once every two months to exchange views and information. The provider came to the centre several times each year to meet with the person in charge. The person in charge confirmed that she could liaise with the provider as required. The person in charge was supported by an assistant director of nursing and there were four clinical nurse managers, one of whom was responsible for the management of each of the units in the centre. The staff team also included nurses, multi-task attendants, catering, activity and administration staff.

The provider was present on both days of the inspection and discussed plans for improvements to the building and service. The provider also ensured adequate resources for staff training and development.

There were systems in place to review of the quality and safety of care as required by the Regulations. These included consultation with residents and their representatives, auditing of systems such as medication administration, falls and health care and on-going staff training and staff meetings. Daily quality and safety reports were undertaken in each unit and weekly summaries of all residents' health care indicators were also compiled by staff and submitted to the person in charge. The person in charge also employed a tool for early identification in deterioration of health.

There were no resource issues identified on this inspection that impacted on the effective delivery of care in accordance with the statement of purpose.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge stated that a contract of care had been supplied to each resident. The inspector read a sample of the contracts which were appropriately signed and agreed. The contracts were in line with the requirements of the Regulations and outlined the services which residents would expect to receive and identified what was not included in the fee.

There was a residents guide which included the information required by the Regulations.

**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 post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people. The person in charge was well qualified and experienced. She kept her skills and knowledge up to date through membership of professional organisations, attending conferences, networking with other directors of nursing and reading professional publications.

**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:**

During the inspection, the inspector reviewed a range of documents, including operational policies, insurance policy, directory of residents, duty rosters, fire safety information and medical and nursing records. The documents viewed were informative and generally in line with legal requirements, however, the recording of health care interventions required some improvement.

There was a wide range of centre-specific operational policies available to guide staff, including all the policies required under Schedule 5 of the Regulations. The policies were stored in an organised manner and were accessible to staff as required.

The inspector examined a sample of staff files, all of which were in line with legal requirements and held the required information to establish suitability, such as photographic identification and suitable references.

A record of visitors entering and leaving the building was maintained by means of a sign-in book in the entrance area.

The inspector viewed a sample of files of residents with a range of health care needs and found that they were generally well documented. While most of the care plans viewed were informative, some lacked sufficient detail to guide staff in the delivery of care. For example, the requirements of a resident on a diabetic contained conflicting information and the full recommendations of the speech and language therapist had not been incorporated into the care plan of some residents who needed specific nutritional care.

All information requested by the inspector was readily available.

**Judgment:**

***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider and the person in charge, were aware of the requirement to notify the Authority if the person in charge was to be absent for an extended period. There were suitable deputising arrangements in place and an assistant director of nursing deputised for the person in charge in her absence.

**Judgment:**

Compliant

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had put systems in place to ensure the safety of residents.

Staff who spoke with the the inspector were clear on what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Records showed and staff confirmed that all staff had received training in adult protection. There a centre specific policy to guide staff on prevention, detection and response to elder abuse.

There was a policy on managing behaviour that is challenging. There was a training plan in place to deliver training in management of behaviours that challenge to staff. Many staff had attended this training and the remaining staff were scheduled to attend it.

Staff who spoke with the inspector had the appropriate knowledge and skills to respond to behaviour that is challenging and explained the efforts made to identify and alleviate the underlying causes of this behaviour.

There were systems in place to safeguard residents' money. The management team did not retain residents' money for safekeeping on the premises, but there was a system in place for the safekeeping of residents' money through the banking system and there were arrangements for accessing funds during weekdays and for conducting other financial transactions. These transactions were clearly recorded and verified. Some personal valuables were held for safekeeping at the request of residents, and these were securely stored and documented. Internal and external audits of residents' finances were carried out annually and no discrepancies had been found in the most recent audits.

The person in charge was considering the measures to further reduce the use of bed rails. Some residents used bed rails while in bed and the inspector found that this was managed in line with the national policy. Risk assessments investigating the risks associated with the use of bed rails for individual residents had been undertaken and the risks to residents for the use and non-use of the bed rails were evaluated prior to their use. Care plans for residents with bed rails had also been developed. There was a policy to guide staff on the use of restraint.

**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:**  
The provider and person in charge had put measures in place to protect the safety of residents, staff and visitors to the centre, however, there were some improvement required in relation to fire safety. There was a health and safety statement, a risk management policy and a risk register which included the management of clinical and environmental risks and included the precautions in place to control all specified risks as required by the Regulations.

Staff had received annual training in fire safety and evacuation and this was confirmed by staff and in the training records. Staff who spoke with the inspector were clear on fire safety practices and knew what to do in the event of a fire. Fire evacuation notices, which were displayed throughout the building, provided clear instructions on evacuating

the building in the event of an emergency. At the time of inspection all fire exit doors were free from obstruction.

The inspector viewed up to date fire records which showed that equipment, including fire extinguishers and fire alarms, had been regularly serviced. Fire extinguishers were serviced annually and all fire alarms were serviced quarterly. There were records to indicate that monthly checks of fire door mechanisms, weekly of fire extinguishers and daily checks to ensure that exit doors were not obstructed were being carried out by staff.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The emergency plan included a contingency plan for the evacuation of residents from the building in the event of an emergency and included details of emergency accommodation and emergency transport arrangements. Individual person evacuation plans had also been developed for each resident.

The person in charge had arranged for all staff to receive up to date training in moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents. There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Records indicated that hoists and other equipment had been regularly serviced and maintained. There was sufficient storage space for equipment and equipment was safely stored. Hand testing indicated the temperature of radiators and dispensing hot water did not pose risks to residents.

Measures were in place to reduce accidents and promote residents' mobility including staff supervision, safe floor covering and handrails on corridors to promote independence. The environment was clean and there were ample supplies of hand sanitising gels for staff, residents and visitors to use.

**Judgment:**

Compliant

***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):**

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

**Findings:**

The inspector found that there were suitable policies and processes in place in relation to the safe management of medications. There was a centre-specific medication

management policy to guide to staff. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres policies and professional guidelines.

Medications that required strict control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines and the centre's policy. The stock balance was checked and signed by two nurses at the time of administration and change of each shift. The inspector checked the balance which was found to be correct.

There was a system for the management medication errors. There had been one medication error, which had suitably recorded, investigated and learning from the incident was recorded.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector reviewed the incident log and saw that all relevant details of each incident were recorded together with actions taken.

All quarterly notifications had been suitably submitted to the Chief Inspector.

**Judgment:**

Compliant

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**Outcome 11: Health and Social Care Needs**

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

**Theme:**

Effective care and support

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

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

**Findings:**

The inspector found that residents' healthcare needs were well met. Residents had good access to medical and healthcare professionals and there were levels of recreational opportunities and social inclusion provided to all residents. Residents' healthcare needs were assessed and monitored and informative care plans were developed to guide the delivery of care. However, the documentation of some care interventions was not recorded in sufficient detail to guide staff and this is discussed in outcome 5.

Residents had access to medical services and out of hours medical cover was provided. A full range of health care services was available to residents, including speech and language therapy, dietetic services and psychiatry services were also available. An inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes. The inspector reviewed a sample of files and found that GPs reviewed residents on a three-monthly basis.

Pre-admission and comprehensive assessments had been carried out for all residents. Staff had carried out assessments on residents' mobility, manual handling, skin integrity, risk of falls and nutritional risks and had developed care plans to guide the delivery of care based on these assessments. The care plan interventions were being reviewed every three months or as required by the changing needs of the residents. Staff who spoke with the inspector knew the residents well and were very aware of each resident's health care requirements.

**Judgment:**

Compliant

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**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:**

On previous inspections, inspectors found that the building was clean, bright, warm, comfortable and well maintained and there were sufficient toilets and showers to meet residents' needs. On this inspection this standard of accommodation was being maintained. However, significant structural improvements were required to bring the centre into compliance with the requirements of the Regulations.

The building was not designed and laid out to fully meet the needs of residents and adequate private accommodation for residents was not provided. Most of the bedrooms were multi occupancy and accommodated up to four beds in each room, which impacted on the privacy and dignity of residents. In these rooms screening curtains were provided, to give privacy around beds as required. However, the use of large shared bedrooms impacted on the privacy and dignity of residents as each resident had limited personal space within these bedrooms. As many of the residents were of high dependency some stayed in the bedrooms during the day.

The provider was committed to ensuring that the building would be suitably upgraded to provide maximum comfort, privacy and safety for residents. To achieve this, the provider had developed a plan for an extensive refurbishment of the building to provide residents' accommodation in en suite single and two-bedded rooms, in addition to suitable communal space and sanitary facilities. The provider had identified a realistic time frame within which to undertake this work.

**Judgment:**

Non Compliant - Major

<p><b>Outcome 13: Complaints procedures</b>  <i>The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.</i></p>
<p><b>Theme:</b>            Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b>            No actions were required from the previous inspection.</p> <p><b>Findings:</b>            The inspector found evidence of good complaints management. However, some improvement was required to the recording of outcome of complaints.</p> <p>There was a complaints policy in place and the complaints procedure, which outlined the name of the complaints officer and details of the appeals process, was prominently displayed.</p> <p>An inspector viewed the complaints register and found that the complaints which had been made were suitably recorded, investigated and resolved. However, the satisfaction of the complainants was not consistently recorded.</p>
<p><b>Judgment:</b>            Substantially Compliant</p>

<p><b>Outcome 14: End of Life Care</b>  <i>Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.</i></p>
<p><b>Theme:</b>            Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b>            No actions were required from the previous inspection.</p> <p><b>Findings:</b>            This outcome was not reviewed in during this inspection as it was examined during a thematic inspection in August 2014 and was found to be compliant.</p>
<p><b>Judgment:</b>            Compliant</p>

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

This outcome was not reviewed in full during this inspection as it was examined during a thematic inspection in August 2014. There were some areas for improvement identified at that inspection, which were reviewed at this inspection and were found to have been suitably addressed.

On this inspection the inspector found that residents were provided with food and drinks suitable for their needs and were offered choices at mealtimes. The choice of meals to all residents had improved since the last inspection and the daily menu choices were available to all residents in the required consistencies. Residents who spoke with the inspector confirmed that there were daily meal choices and that they enjoyed their meals.

The inspector found that improvement in the communication of choice to residents was required. Although there were pictorial menus available, a staff member told the inspector that these were not always shown to residents with cognitive impairment to assist them in making meal choices and that the decision was often made by staff. Some of the pictorial menus did not clearly illustrate the choices available. In addition, although meals were plated in the units in close proximity to bedrooms and dining rooms, the inspector noticed that meals were plated without any consultation with residents on preferred portion size on the day or whether or not they wanted sauces or gravy added to their meals.

The provision of suitable alternatives to residents with special dietary needs had improved since the last inspection. The chef explained that desserts with both sugar and sugar alternatives to provide the same choices to all residents. Sugar-free biscuits had also been sourced. The chefs also stated that they intended to develop alternative baked products for residents with diabetes in the near future.

Since the last inspection the guidance used to describe modified consistency foods had been reviewed to ensure that the information supplied to staff was consistent and clear. The guidance provided to catering staff to describe various food consistencies was in line with the recommendations of the speech and language therapists. This reduced the risk of unsuitable food being served to any resident with a swallowing difficulty.

The inspector reviewed a sample of records and found that each resident had nutritional assessment, using a recognised assessment tool, carried out on admission and at three-monthly intervals thereafter or more frequently if required. Residents' weights were monitored and recorded monthly. Where specific nutritional needs or assessed risks had been identified, measures had been implemented to address these risks. The inspector saw that referrals had been made to dieticians, dentists and speech and language therapists whose reports and recommendations were recorded in residents' files.

**Judgment:**

Non Compliant - Minor

***Outcome 16: Residents' Rights, Dignity and Consultation***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' autonomy and civil and religious rights were supported. However, the structure of the building impacted on the privacy of residents as discussed and actioned in Outcome 12.

Residents' civil and religious rights were respected. At the time of inspection Roman Catholicism was the only religion being practiced in the centre and residents were well supported to practice their religion. Mass took place in the church in the centre twice each week in addition to every first Friday and every second Sunday. Eucharistic ministers came to the centre daily to administer the Blessed Sacrament to residents. The Sacrament of the Sick was administered as required. People from the area also came to the centre for Mass, which was also an opportunity for residents to interact with the local community. The person in charge said that residents from all religious denominations would be supported to practice their religious beliefs if required. The person in charge had made arrangements for in-house voting, and all residents were offered the opportunity to vote either in the centre or by postal vote.

The person in charge had measures in place to communicate with residents and to establish their views. The management team, care staff and the activity co-ordinator had close interaction with residents and spent time chatting with them. There was also an independent advocacy service available to residents. In addition residents met weekly

with the Friends of the Sacred Heart, who listened to residents' views and suggestions and fed this information back to the person in charge.

The person in charge promoted links with the local community. For example, a group of residents had visited Knock in the summer, there was extensive visiting by community groups, a mobile drapers set up shop in the centre twice each year when residents could shop for mens' and ladies' clothing and numerous parties, music sessions and social events took place in the centre.

Residents' independence was promoted by staff. Inspectors saw staff members assisting residents to walk to the dining room at a leisurely pace. Residents were encouraged to eat their meals independently, to get up and go to bed at their preferred times and whether to participate in activities available to them. Throughout the inspection the inspector observed staff interacting with residents in a courteous manner.

The inspector found a good standard of care in relation to the social needs of residents. There was an interesting and varied schedule of activities for all residents, suited to their interests and capacity. The activities on the day of inspection included bingo, reminiscence, sensory therapy, poetry, hand massage and art. An artist organised art groups twice each week and the work of residents who attended this group was framed and displayed throughout the building. The artist explained how he worked with residents of various dependencies, including residents with dementia and one with a visual impairment, to support them to achieve their potential. The work of these residents had been the subject of a film which had been screened in a local theater and many of the residents, along with their families and friends had attended the screening.

**Judgment:**

Compliant

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

All residents had an individual wardrobe and locker however, most residents had not been provided with a lockable space. The provider and person in charge confirmed that this would be addressed as part of the renovations and that arrangements would be made to provide a lockable space to any resident who wanted it.

There was a laundry room for washing/drying and sorting of residents clothing. The inspector found that good care was taken of clothing. Feedback from residents and relatives indicated that clothing was not mislaid.

**Judgment:**

Non Compliant - Minor

***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:**

Residents' and relatives' feedback indicated that they were satisfied with the level of care provided by staff although some relatives were not satisfied that there were always enough staff on duty. On the day of inspection, there was an adequate number of staff on duty throughout the day. The inspector reviewed staffing duty rosters and found that these were consistent with the normal staffing levels. Residents' dependency levels were assessed using a validated tool and the person in charge used this to decide on appropriate staffing levels. Staff confirmed that additional staff would be rostered for duty in response to residents' changing needs.

Training records indicated and staff confirmed that staff had attended a variety of training in addition to mandatory training. Training records were clearly maintained and the person had planned staff training for the first half of 2015, which included cancer care, medication management and basic life support. Staff who spoke with the inspector were familiar with residents' health and social care needs.

**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:***

Jackie Warren  
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<sup>1</sup>

<b>Centre name:</b>	Sacred Heart Hospital
<b>Centre ID:</b>	OSV-0000648
<b>Date of inspection:</b>	03/02/2015 and 04/02/2015
<b>Date of response:</b>	12/03/2015

### 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 care plans some lacked sufficient detail to guide staff in the delivery of care.

**Action Required:**

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

<sup>1</sup> 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:**

Care plans are developed following assessment of each resident. The specific needs are outlined in detail to guide the staff in the delivery of care for each individual resident.

**Proposed Timescale:** 01/03/2015

**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 building was not designed and laid out to fully meet the needs of residents and adequate private accommodation for residents was not provided.

**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:**

Capital Funding has been allocated for the provision of a new purpose built Unit that will provide a total of 74 beds in a building designed over two floors. Each floor will consist of 35 single rooms en-suite and one two bed ward, also en-suite. All necessary ancillary accommodation including sitting rooms, dining rooms etc. will also be provided as part of the Development.

The following is the current timetable for the Development:-

February 2015 Planning Application lodged with Local Authority

April – June 2015 Preparation of Tender documentation

August/September Invitation of Tenders

November/December Evaluation and selection of Tenders

January 2016 Commencement of Development

December 2016 Completion of Development

**Proposed Timescale:** 31/12/2016

**Outcome 13: Complaints procedures****Theme:**

Person-centred care and support

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

The satisfaction of the complainants was not consistently recorded in the complaints register.

**Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Each complainant will be written to specifically requesting feedback on their satisfaction regarding the management of the complaint going forward.

**Proposed Timescale:** 09/02/2015

**Outcome 15: Food and Nutrition**

**Theme:**

Person-centred care and support

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

Improvement was required in the communication of meal options to residents.

**Action Required:**

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

The existing pictorial images of meal options have been enhanced to illustrate the choices available more clearly in a more easily identifiable image.

**Proposed Timescale:** 31/03/2015

**Outcome 17: Residents' clothing and personal property and possessions**

**Theme:**

Person-centred care and support

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

Each resident did not have a secure space for the storage of personal belongings.

**Action Required:**

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

It is difficult to provide satisfactory secure and storage space for personal belongings in the current environment. I refer to the response to outcome number 12 above, however we will arrange to examine all of the existing arrangements to see what improvements can be provided prior to the completion of the New Development in 2016.

Lockable lockers are available and provided to residents who wish to retain valuables at the bedside. The upgraded building will contain individual secure storage spaces for all residents.

**Proposed Timescale:** 27/02/2015