

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sacré Coeur Nursing Home
Centre ID:	OSV-0000278
Centre address:	Station Road, Tipperary Town, Tipperary.
Telephone number:	062 51157
Email address:	selma.kelly@sacrecoeur.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sacré Coeur Nursing Home Limited
Provider Nominee:	Selma Kelly
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	4

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 January 2015 09:50	07 January 2015 20:45
08 January 2015 08:00	08 January 2015 14:45

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

The inspection was an announced renewal of registration inspection, took place over two days and was the sixth inspection of the centre by the Authority. As part of the inspection process, the inspector met with the providers, person in charge, residents, relatives, visitors and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, risk management documentation and staff records. The documentation submitted by the providers as part of the application process was submitted in a timely and precise manner and was also reviewed prior to the inspection including questionnaires completed by residents and relatives; the feedback was positive and is referenced in the body of the report.

Since the last inspection, the Authority had received a concern in relation to staffing levels, healthcare provision and maintenance of premises and equipment. An investigation was undertaken by the provider in relation to these concerns at the request of the Authority. These concerns were looked into throughout the inspection and the inspector's findings are outlined in the body of the report.

Overall, the inspector found that the person in charge ensured that residents' medical and nursing needs were met to a good standard. Residents looked well and cared for, engaged readily with the inspector and provided positive feedback on the staff, care and services provided. The inspector found evidence of good practice in a range of areas. The person in charge and staff all interacted with residents in a respectful, warm and friendly manner and demonstrated a thorough knowledge of residents' needs, likes, dislikes and preferences.

The inspector found that the some parts of the premises continued to pose challenges in due to the lack of private bedside space for some residents. The providers outlined the plan for the expansion and development of the centre in order to comply with the Regulations and Standards.

A number of additional improvements were identified to enhance the substantive evidence of good practice and to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. An action was completed during the course of the inspection in relation to outcome 2. The outstanding required improvements are set out in detail in the action plan at the end of this report and include:

- Statement of purpose
- medication management
- review of documentation practices to ensure consistency and accuracy.

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:

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. Many items listed in Schedule 1 of the regulations were detailed in the statement of purpose. However, some of the information set out in the Certificate of Registration was not included.

The inspector noted that the statement of purpose was made available for residents, visitors and staff to read. The statement of purpose had been reviewed in December 2014.

The written statement of purpose described a service that provided "person-centred care" in "a caring and homely environment". The inspector observed that the ethos of care as described in the centre's statement of purpose was actively promoted by staff.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was evidence of a clearly defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The inspector observed a good and supportive working relationship between the person in charge and the provider nominee. The inspector was satisfied that the management system in place ensured that service provided was safe, appropriate, consistent and effectively monitored.

Staff with whom the inspector spoke were clear about the management structure and the reporting mechanisms. The inspector saw evidence of continued investment in the centre to ensure effective delivery of care in accordance with the statement of purpose including plans for expansion and redevelopment.

The annual review for 2014 of the quality and safety of care for residents was made available to the inspector and there was evidence of consultation with residents and relatives. However, the inspector noted that this review was not made available to residents. The inspector brought this to the provider nominee's attention who remedied this immediately and made a copy available in a prominent location within the centre.

Audits were made available to the inspector from 2014. Audits were completed in pertinent areas to review and monitor the quality and safety of care and the quality of life for residents such as nutrition, activities, infection prevention and control, pain, end of life and care planning. The audits identified areas for improvement and audit recommendations. Improvements were brought about as a result of learning from audits such as training and improved documentation.

The quality improvement register was made available to the inspector which outlined the initiatives that had been undertaken to improve the quality and safety of care provided to residents such as the introduction of communication whiteboards, Sonas programme and advocacy service.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

A residents' guide was available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. The guide had been reviewed in January 2015 and the inspector saw copies were made available.

The inspector reviewed a sample of residents' contracts of care and noted that contracts were signed and dated by the resident or their representative within one month of admission. The contract set out the services to be provided, the overall basic fee for the provision of care and services, any monies received from state support schemes and the residual fee for which the resident was liable as applicable to each resident. Details of any additional services that may incur an additional charge were included.

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 centre was managed by a suitably qualified and experienced nurse with clear lines of authority, accountability and responsibility for the provision of service.

The person in charge was a recent appointee to the role of person in charge in the centre. She had been previously employed in another centre managed by the provider nominee as the person in charge since 2012 and had worked in this centre previously as a staff nurse. The person in charge was employed full time and was a nurse with more than three years experience in the area of nursing of the older person within the previous six years. The inspector found that she was knowledgeable of the relevant legislation and of her responsibilities under the legislation. The person in charge had retained a strong clinical role in the delivery of services to residents.

The person in charge demonstrated her commitment to her own professional development and education. For example the person in charge had completed courses and attended workshops and seminars in relation to quality improvement and audit, nutrition, end of life and medication management. The person in charge has attained a post-graduate diploma in gerontology nursing and completed a certificate in supervisory

management.

The person in charge demonstrated in-depth knowledge of residents, their care needs, and a strong commitment to ongoing improvement of the centre and the quality of the services provided. She was seen and reported to be visible, accessible and effective by staff, residents and relatives. The staff reported that the person in charge was approachable and supportive.

Throughout the inspection, the inspector observed that the person in charge had strong clinical knowledge and leadership. The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre. All of the key policies as listed in Schedule 5 of the Regulations were in place. There was evidence of ongoing staff education on the operating policies and procedures and staff demonstrated a clear understanding of these policies.

Records were kept securely, were accessible and were kept for the required period of time. Residents' records were kept in a secure place. The inspector found that the system in place for maintaining files and records was very well organised with clear systems in place.

The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

Residents' records as required under Schedule 3 of the Regulations were maintained.

However, some records were not complete. Based on a sample viewed, the inspector observed that medication administration sheets were left blank on a small number of occasions where medication was due to be administered. A comment had not been recorded to indicate if the medication was withheld or refused by the resident. Therefore, there was not a complete record of each medicine administered signed and dated by the nurse administering the medicines

The residents' directory was up-to-date and contained all matters referred to in article 19. Entries to the nursing records were maintained in line with relevant professional guidelines. Daily records were completed.

Records listed in Schedule 4 to be kept in a designated centre were all made available to the inspector.

Records relating to inspections by other authorities were maintained in the centre and the inspector viewed documentation relating to food safety and fire safety.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

Judgment:

Non Compliant - Moderate

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection. The provider nominee was aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence.

The assistant director of nursing is identified as the person to act as the person in charge in her absence. The assistant director of nursing has had many years' experience in the area of nursing older persons and has worked in the centre since 2001. The assistant director of nursing demonstrated that she had a good understanding of her responsibilities when deputising for the person in charge. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted.

The person in charge and all the staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse in the centre since the previous inspection.

There were organisational policies in place in relation to the protection of vulnerable adults and response to allegations of abuse. The policies had been reviewed since the last inspection and included a reporting pathway if the allegation was made against a member of the management team. The policies were comprehensive and evidence based.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse. Residents and staff were able to identify the nominated person.

The inspector was satisfied that there were transparent systems in place for the management of residents' finances which were guided by a comprehensive policy, reviewed in December 2014. Complete financial records that were easily retrievable were kept on site in respect to each resident. The inspector saw that an electronic, itemised record of charges made to each resident, money received or deposited on behalf of the resident, monies used and the purpose for which the money was used was

maintained. Invoices were seen to be all itemised. There was a system in place to verify that residents receive services, which are billed directly to the provider who then charges the resident.

A centre-specific policy in relation to the management of behaviour that is challenging was made available to the inspector and had been reviewed in March 2014. The policy was comprehensive and evidence based. Records confirmed that training was provided to relevant staff in the response and management of behaviour that is challenging.

The person in charge and staff confirmed that no residents were displaying behaviours that challenge at the time of inspection. However, staff outlined strategies that demonstrated a positive approach to behaviour that challenges including the use of distraction techniques. Multi-disciplinary input would be sought when appropriate.

In relation to restraint practices, the inspector observed that while bedrails were in use, their use followed an appropriate assessment. The inspector noted that signed consent from residents was secured where possible and the use of bedrails was discussed with residents' representatives as appropriate. Multi-disciplinary input was sought when planning the use of restrictive procedures. There was a centre-specific policy on the use of resident restraint, which included a direction to consider all other options prior to using restraint. The policy had been reviewed in March 2014. The policy suitably detailed the ongoing monitoring and observation of a resident while a bedrail was in place and this was evidenced in practice. A risk-balance tool was completed for residents prior to the use of a bedrail. Restraint practices were audited annually, most recently in August 2014.

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:

Overall, the provider was committed to protecting and promoting the health and safety of residents, staff and visitors. The inspector noted that a proactive approach had been implemented in relation to risk management.

There was a health and safety statement in place which was last reviewed in June 2014. This outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy,

last reviewed in June 2014. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The risks identified specifically in the Regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review.

The inspector saw that there was a comprehensive emergency plan in place, reviewed in May 2014 and covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

The inspector saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents. A quarterly audit was completed of incident forms which analysed any patterns and reviewed the effectiveness of preventative actions.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. Fire records were comprehensive, accurate and easily retrievable. The training matrix confirmed that all staff employed receive annual fire training on an ongoing basis. Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire. The fire alarm is serviced on a quarterly basis, most recently in December 2014. Fire safety equipment is serviced on an annual basis, most recently in November 2014. Emergency lighting and fire doors had been serviced annually, most recently in December 2014. Fire drills took place at least every six months, on the day and night shift and all staff had attended a fire drill since the last inspection. Records of daily and weekly fire checks were made available to the inspector. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure. Written confirmation from a competent person had been submitted prior to the inspection that all requirements of the statutory fire authority had been complied with.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident. The plan was checked by nursing staff on a weekly basis and updated if required.

The centre provided an outdoor area for a resident who smoked. The individualised risk assessment was adequate and there was evidence of the implementation of the identified controls. The risk assessments included assessment of the need for observation or supervision and were reviewed every four months or more frequently if a resident's condition changes. The resident was accompanied by family whilst smoking who would raise the alarm and the smoking area was visible from the centre.

The training matrix and person in charge confirmed that all staff were trained in the moving and handling of residents. Staff demonstrated a good understanding of the use of the hoist and contemporary moving equipments. Lifting and moving equipment was serviced annually in line with manufacturer's guidelines, most recently in October 2014.

Regular maintenance checks were also carried out every two months. Each resident had a personalised manual handling plan which was reviewed every four months or more frequently if a resident's condition changes. The inspector spoke with staff who demonstrated knowledge of each resident's personalised manual handling plan and this was evidenced in practice. Hand rails and grab rails were installed throughout the centre.

Infection control practices were guided by centre-specific policies which had been reviewed in 2014. Annual training was provided to staff. There was a contract in place for the disposal of clinical waste and records were maintained of removal and transport. Hand washing and sanitising facilities were readily accessible to staff and visitors. Designated hand washing facilities were provided in the laundry and sluice rooms. Access to high risk areas, such as the sluice, was seen to be restricted at all times. Staff stated that they had access to sufficient personal protective equipment such as aprons and gloves. The inspector spoke with a member of housekeeping staff. There was evidence of a regular colour-coded cleaning routine that adequately prevented against cross contamination. There was evidence of good communication in relation to healthcare acquired infections (HCAI) and cleaning staff were aware of appropriate cleaning requirements for any HCAI.

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:

Residents were protected by the designated centre's policies and procedures for medication management but improvements were required in relation to the administration of medications in a modified form such as crushing.

The centre-specific policies on medication management were made available to the inspector which had all been reviewed in June 2014. The policies were comprehensive and evidence based. The policies were made available to staff who demonstrated adequate knowledge of this document.

Medications for residents were supplied by a local community pharmacy. There was evidence of appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland.

The inspector noted that medications were stored in a locked cupboard or medication trolley. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. Medications requiring refrigeration were stored appropriately. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection. The practice of transcription was in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais. Medication management training and competency assessments were facilitated for staff.

Staff with whom the inspector spoke demonstrated good knowledge in relation to medication management. The inspector observed the administration of medications by nursing staff and saw that the practice was in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais.

Where medications were to be administered in a modified form such as crushing, this was not individually prescribed by the medical practitioner on the prescription chart.

Records confirmed that appropriate and comprehensive information was provided in relation to medication when residents were transferred to and from the centre.

The inspector saw that medication incidents were identified and reported in a timely manner. There was evidence that learning from medication incidents was implemented. A medication management audit was completed quarterly, most recently in January 2015. Learning from medication management audits was seen to be implemented.

The inspector noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. Medication administration sheets were not always complete and accurate; this is covered in outcome 5.

Medications which are out of date or dispensed to a resident but are no longer needed were stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A record of the medications returned to the pharmacy was maintained which allowed for an itemised, verifiable audit trail.

Judgment:

Non Compliant - Moderate

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 inspector noted that a comprehensive record of all incidents was maintained. Notifications to the Authority were made in line with the requirements of the Regulations.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

There was evidence that timely access to health care services was facilitated for all residents. The person in charge confirmed that a number of GPs were attending to the needs of the residents and an "out of hours" GP service was available if required. The records confirmed that residents were assisted to achieve and maintain the best possible health through regular blood profiling, quarterly medication review and annual administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including speech and language, chiropody, dietetics, occupational therapy and psychiatry of old age.

The inspector reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including mobility, nutrition, communication, personal care, mood, elimination, spirituality and sleep. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, weight, mobilisation and, where appropriate, fluid intake. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives.

Each resident had the right to refuse treatment. This was seen to be respected and documented appropriately in the patient record.

Records confirmed that appropriate and comprehensive information was provided when residents were transferred to and from the centre.

The incidence of wounds was low and the person in charge confirmed that no residents required wound care on the day of inspection. Wound management was seen to be in line with national best practice. Wound management charts were available to describe the cleansing routine, emollients, dressings used and frequency of dressings. Wound management charts allowed for the dimensions of the wound to be documented and photographs were used to evaluate the wound on an ongoing basis. Appropriate advice would be sought from specialist tissue viability services, where appropriate.

There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls on admission and at least every four months thereafter. The incidence of falls is monitored on an ongoing basis in the falls log. Analysis is undertaken following each fall to determine the root cause of the fall and to identify any trends such as time and location. Staff meeting minutes made available to the inspector indicate that falls are discussed on a regular basis.

There was a range of activities offered including nail care, arts and crafts, sing-song and live music. A local choir visit regularly and perform for residents. The activities plan for the week was displayed on a whiteboard in the main hall. A number of parties are held throughout the year including Christmas, Hallowe'en and a summer garden party. Residents' relatives and friends along with members of the local community are invited to attend.

Residents were facilitated to attend activities external to the centre. A resident with an acquired brain injury attended a local day service. Residents often went out for meals or to visit home with family and friends.

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 is located just on the outskirts of Tipperary Town and is within reasonable walking distance of the town centre. The premises was originally constructed in 1911 and functioned as a convalescence facility for military personnel. The original premises is two storey with a further modern two storey extension.

Resident accommodation is provided on both floors in both the old and new elements of the building. Eleven residents are accommodated on the ground floor in three single bedrooms (none of which are en suite), two single bedrooms each with en suite toilet, wash-hand basin and assisted shower and two three-bedded bedrooms (neither of which are en suite). An assisted bathroom with toilet is provided on the ground floor. The first floor is split level and accessed by means of a stairwell and a stairs chair-lift. Six residents are accommodated at the lower level in three twin-bedded rooms none of which are en suite. There is a turn in the stairwell (also serviced by the stairs chair-lift) that leads to five further bedrooms, one single and four twin-bedded rooms none of which are ensuite. A toilet on the ground floor was conveniently located to the communal and dining rooms and readily accessed by residents. Two bath/shower rooms with toilet facilities are provided on the first floor.

Each bedroom provided adequate storage for personal possessions including a lockable storage space. Adequate screening was provided in shared bedrooms.

The single bedrooms provided a minimum of 9.3m² of usable floor space. One of the twin bedrooms provided less than 7.4m² per resident as required under the National Quality Standards for Residential Care Settings for Older People in Ireland. There were two bedrooms that provided accommodation for more than two residents. One of these bedrooms provided less than 7.4m² per resident as required under the National Quality Standards for Residential Care Settings for Older People in Ireland. The layout of this bedroom did not allow for adequate space around the bedside for two of the three beds. In case of an emergency, space would be limited for staff to access both sides of the bed.

A day room, dining room and smaller visitors' room was provided on the ground floor. The nurses' station was located centrally on the first floor and provided good observation of all resident accommodation areas. A secure, mature and well maintained garden was provided for residents.

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

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

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

The issues identified in relation to the premises were discussed at length with the providers. A development and expansion plan that includes additional bedrooms and associated sanitary facilities, communal areas and a passenger lift was outlined to the inspector. The providers outlined their commitment to the development and expansion of the centre.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

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

Findings:

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

The inspector noted that there was a centre-specific comprehensive complaints policy, last reviewed in April 2014. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently and was included in the statement of purpose. A quarterly audit was undertaken by the provider nominee to ensure that complaints are appropriately responded to and records were maintained.

The inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. The investigation undertaken was thorough, comprehensive and prompt. The complainant was kept informed at all times during the investigation, both through formal meetings and informal contact.

Residents and relatives with whom the inspector spoke were able to identify the

complaints officer, stated that any complaints they may have had were dealt with promptly and were satisfied with the complaints procedure.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre-specific policy on end of life care was made available to the inspector and had been reviewed in May 2014. This policy was augmented by a centre-specific policy on resuscitation status and management, which had been updated in February 2014. The inspector noted that these policies were comprehensive and evidence based. Records were made available to the inspector which confirmed that staff had received training in these policies. The inspector noted that policies informed practice among nursing and healthcare staff.

An end of life assessment form and care pathway was used to guide staff in caring for and meeting the needs of residents at the end of life. The inspector spoke with a resident who was at the end of her life and she stated that she was content, comfortable and that all her needs (physical, emotional, social, physiological and spiritual) had been met. This was confirmed on review of the resident's care plan.

Religious and cultural practices were facilitated. Members of the local clergy visited residents on a regular basis. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit. The inspector saw that reference materials were available in the nurses' station to guide in the facilitating and engaging of cultural practices at end of life.

Access to specialist palliative care services was available on a 24 hour basis from South Tipperary hospice home care team.

A comprehensive advanced discussion form and care plan had been completed for residents which ascertained the resident's wishes on preferred place of death, spirituality and religion at end of life and funeral arrangements. Some residents expressed to the inspector that in the event of becoming unwell, they would prefer to go to the acute services while other residents stated that they would choose to stay in the centre. The person in charge stated that residents were provided with the choice of a single room if

they were not already in one as they reached their end of life. The centre-specific policy stated and the person in charge confirmed that, if possible, the option to go home for end of life care was facilitated. The inspector saw that this information was recorded in the resident's care plan and the care plans were reviewed and updated on a four monthly basis or more frequently if a resident's needs changed

The inspector noted that any decisions not to attempt resuscitation were seen to be based on clear clinical rationale and discussions and decisions were clearly recorded and reviewed as appropriate.

Family and friends were suitably informed and facilitated to be with the resident at end of life. Overnight facilities were not available for families within the centre but staff stated that family members who chose to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times.

Staff with whom the inspector spoke confirmed that staff members and residents were all informed and support was given when appropriate. Residents were offered the opportunity to pay their respects to the deceased resident and were facilitated to attend the funeral. A remembrance service was held annually.

Family members were also given practical information with regard to registering a death. The end of life policy stated that personal possessions were returned in a sensitive manner and a handover bag was used for this purpose. Staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life.

Records were made available to the inspector which confirmed that staff had received training in a number of aspects of end of life care throughout 2014.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were centre-specific policies in place in relation to meeting the nutritional and hydration needs of residents that had been reviewed in May 2014.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of a good standard. The inspector observed that there was a clear, documented system between nursing and catering staff regarding residents' meal choices and preferences. The inspector spoke with the catering staff on duty who demonstrated comprehensive knowledge of residents' preferences and dietary needs. There was evidence that choice was available to residents for breakfast, lunch and evening tea with respect to menu options and dining location. The menu for the day was displayed on a whiteboard the main hall and the inspector observed staff informing residents of meal choices.

Breakfast was served to residents between the hours of 07:00 hrs to 09:00 hrs. Residents had a choice for breakfast; hot/cold cereals, eggs, breads, toast and beverages. Lunch was served at 12:30 hrs. The evening meal was served at 16:30 hrs with a further supper at 22:00 hrs. Staff demonstrated awareness of residents' preferences and the inspector observed a choice of snacks being made available. Night staff had access to the kitchen to make hot drinks and a light snack for residents.

The inspector saw that residents were provided with a range of hot and cold drinks; fresh water was available in the day room. Nursing staff reported monitoring the fluid balance of residents with specific requirements.

Residents were encouraged to remain independent and assistance was offered in a discreet and respectful manner. Gentle encouragement was given to residents who were reluctant to eat. Residents with whom the inspector spoke were complimentary of the meals and snacks served.

Staff with whom the inspector spoke demonstrated adequate knowledge of residents' needs in relation to diet and fluids of modified consistency and this was evidenced in practice.

The inspector noted that, where a resident received enteral nutrition, there was evidence of regular input by the dietician. Care plans reviewed demonstrated the management of the tube site, enteral tube and the associated complications were in line with best practice.

Residents' weights were monitored on a monthly basis and the Malnutrition Universal Screening Tool (MUST) was also utilised in practice. The inspector saw that residents looked well, weights were stable, residents were not experiencing weight loss and nursing staff understood the relevance of weight loss when computing the MUST.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to

exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found the centre to be relaxed and person-centred. There was a good level of visitor activity noted by the inspector throughout the day and residents with whom the inspector spoke reported that there was no restriction on visitors. A quiet room was provided for residents to meet visitors in private

Residents were consulted about how the centre was planned and run. A regular residents' meeting was facilitated and minutes from most recent meeting in December 2014 were made available to the inspector. Feedback sought during this meeting informed practice and suggestions, e.g. the removal of the local news board, were seen to be implemented.

Residents' capacity to exercise personal autonomy and choice was maximised. Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals and their choice of activities. Residents were facilitated to personalise their bedrooms with photographs and furniture from home. Residents' routines were documented clearly in their care plans and staff were seen to respect these.

Residents are facilitated to exercise their civil, political and religious rights. Residents were conversant in current affairs and reported being afforded the opportunity to vote. Mass was celebrated in the centre on a weekly basis. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit.

The inspector observed televisions and radios in the communal areas. Residents also had access to televisions in their bedrooms and newspapers were delivered every day. Residents' personal communications were respected and residents had access to a private telephone.

The inspector saw that residents received care that was dignified and respected their privacy at all times. Staff knocked and awaited permission before entering residents' bedrooms. Staff addressed residents by their preferred names. Screening curtains were used in shared rooms when personal care was delivered.

The person in charge confirmed that an advocate was available to residents when required. The advocate also had the role of activities co-ordinator. Records confirmed that the advocate was booked to attend a formal advocacy course which will provide her with additional skills to extend the advocacy service.

Staff with whom the inspector spoke were aware of the different communication needs of the residents. Individual communication requirements were highlighted in care plans and reflected in practice.

The inspector observed that activities were provided for residents including live music, sing song, nail care, arts and crafts. Residents can opt out of activities if they so wish. A volunteer attended the centre on a weekly basis and facilitated individual activities with residents.

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:

The inspector observed that there was adequate storage provided for residents' personal possessions. Each resident also had access to separate locked storage for valuables. A record was kept and maintained of each resident's personal property. This record was updated periodically.

Residents' personal clothing was laundered on-site and clothing was labelled to ensure that residents' own clothing was returned to them. Residents reported that their laundry was always returned to them. The inspector observed that residents' clothing and accessories were well maintained.

There was a centre-specific policy on residents' personal property and possessions which was up to date. Residents with whom the inspector spoke confirmed that they could retain control over their personal possessions and clothing.

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:

There was a planned roster in place. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated.

There was a registered nurse on duty at all times and a record is maintained of current registration details of nursing staff. Staff were observed to competently deliver care and support to residents that reflects contemporary evidence based practice.

A sample of staff files was reviewed and contained all of the required elements. The inspector saw that there was a selection of healthcare reading materials and reference books stored in the nurses' office. The inspector noted that copies of both the Regulations and the Authority's Standards were available. Staff were also able to articulate adequate knowledge and understanding of the Regulations and the Authority's Standards.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies; the programme reflected the needs of residents. All staff employed had attended mandatory fire, manual handling and elder abuse training. Further education and training completed by staff included nutrition, end of life, infection prevention and control, dysphagia and venepuncture.

The inspector noted that regular monthly staff meetings took place. Topics discussed included training, wound care, incidents, complaints, audits, falls and policy updates. In addition, weekly clinical meetings are facilitated, attended by a member of nursing and care staff. Topics discussed include admissions, wound care, medication management, challenging behaviour, clinical incidents, end of life, audits, training and pain management.

Staff were supervised appropriate to their role and a formal system of annual appraisal had been implemented. The inspector observed and staff confirmed that the person in charge was approachable, supportive and retained a strong clinical role.

A centre-specific policy on recruitment, selection and vetting of staff, reviewed in October 2014, was made available to the inspector. The inspector noted that effective recruitment procedures were in place including the verification of references.

Records made available to the inspector confirmed that the person in charge had confirmed that the appropriate vetting had been completed and that adequate insurance cover was in place for work experience students.

The inspector spoke with the volunteer who attends the centre once a week. The inspector was satisfied that the required vetting had been completed and that the volunteer was supervised appropriate to her role.

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:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Sacré Coeur Nursing Home
Centre ID:	OSV-0000278
Date of inspection:	07/01/2015
Date of response:	12/02/2015

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

Some of the information set out in the Certificate of Registration was not detailed in the statement of purpose.

Action Required:

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

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

Residents in Designated Centres for Older People) Regulations 2013.

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

The Statement of Purpose has been updated to include all information from the Certificate of Registration.

Proposed Timescale: 12/02/2015

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:

Medication administration sheets were left blank on a small number of occasions where medication was due to be administered.

Action Required:

Under Regulation 21(3) you are required to: Retain the records set out in Schedule 3 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

The PIC has spoken with the relevant staff members in relation to the correct procedures to be taken going forward. The PIC has scheduled further training with nursing staff in relation to medication administration procedures to address this issue, which will take place in February 2015.

Proposed Timescale: 28/02/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

Where medications were to be administered in a modified form such as crushing, this was not individually prescribed by the medical practitioner on the prescription chart.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The PIC has undertaken a full review of all medications to be crushed and same are now all individually prescribed as such on the prescription chart. The PIC will undertake training on crushed medication procedures with nursing staff by end February 2015.

Proposed Timescale: 28/02/2015

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:

Two bedrooms do not provide adequate space as outlined in the National Quality Standards for Residential Care Settings for Older People in Ireland.

Action Required:

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

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

The Registered Provider is progressing a plan for renovation and extension of the premises which will address the matter in full.

Proposed Timescale: 31/01/2017