

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sacred Heart Hospital
Centre ID:	OSV-0000654
Centre address:	Golf Link Road, Roscommon.
Telephone number:	090 66 26130
Email address:	julie.silke@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Cunningham
Lead inspector:	Thelma O'Neill
Support inspector(s):	Damien Woods
Type of inspection	Announced
Number of residents on the date of inspection:	94
Number of vacancies on the date of inspection:	1

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 1 day(s).

The inspection took place over the following dates and times

From: 02 March 2015 10:00 To: 02 March 2015 18:00

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

This report sets out the findings of the announced registration inspection of the Sacred Heart Hospital, Roscommon, which took place on 2nd March 2015. This was in response to an application to re-register with the Health Information and Quality Authority (the Authority) under Section 48 of the Health Act 2007. The inspection was the seventh inspection of the centre undertaken by the Authority.

The Sacred Heart Hospital provides continuing care, rehabilitation, respite and palliative care services as well as, a day service for ninety-five older people in Roscommon town. The centre is operated by the Health Service Executive (HSE) and is set on a spacious site of five acres. There are car parking spaces to the front and side of the building and the hospital is located on Golf Links road, a short distance from the shops and business premises of Roscommon Town.

Inspectors found that the centre was well managed and most of the outcomes inspected were compliant and residents and family members told inspectors that they were very happy with the services provided in this centre. This was also confirmed in the residents/ families returned questionnaires to the Authority which showed their satisfaction with the centre.

The Sacred Heart Hospital currently comprises of four units - St. Catherine's, St. Joseph's, St. Michael's and Our Lady's and accommodates a maximum of 95 residents. The centre also provides Physiotherapy, Occupational Therapy, Speech and language therapy, Dental treatment and Palliative care services. There were rehabilitation treatment areas located near the entrance of the building and the inspectors noted that this area was well equipped and in regular use. The other facilities include a church, a relaxation room and the main catering kitchen and laundry. In addition, a day care service that facilitated up to 25 people daily was accommodated on site.

Residents' bedroom areas were predominantly multiple-occupancy rooms consisting of three/four beds, with, eighty eight of the ninety five residents accommodated in multi occupancy rooms. There was a single room available in three of the four units for residents at the end of life or who have palliative care needs. St. Catherine's Ward was extensively refurbished during 2009/2010 and now accommodates up to 37 residents. It can cater for 22 long-term residents and in addition 15 beds are allocated for rehabilitation, respite care and palliative care services. Our Lady's unit was redecorated and reorganised in 2011 and now accommodates eighteen residents most of whom receive dementia specific care. The newly refurbished areas were decorated with a homely atmosphere and coordinated soft furnishings. St. Josephs and St. Michael's have the capacity for 20 residents each.

Inspectors identified breaches of residents' privacy and dignity while being accommodated in the multi-occupancy bedrooms. For example, some residents were sharing multi-occupancy bedrooms of between 4 and up to 11 bedded areas. The inspectors found that many of the communal areas such as; bathrooms, toilets and sluice facilities were inadequate and too small to meet residents' and staffing needs. In three of the units, there were inadequate showering and toileting facilities to adequately meet the needs of the residents. In one ward there was only two showers and one bathroom for twenty residents.

Many of the toilets between bedroom areas were not wheelchair accessible and residents had to use commodes or be assisted long distances to wheelchair accessible toilets at the other end of the wards. Some residents had to walk or be assisted up to 23 meter's to the nearest toilet or bathroom. Other resident's privacy and dignity was significantly impacted due to open ward design. For example; residents, staff and visitors had to walk through their bedrooms areas to access other resident's bedroom areas. Also, some resident's space was impacted by sharing with other residents and this hindered the levels of privacy available to them on a daily basis.

Some sluice rooms were also too small to allow staff to freely access this facility without having to move equipment. Kitchenettes were too small to allow cookers or

to have space to store fridges. Inspector saw in one dining room area three fridges being stored; one for residents food, one for staff's lunches and another fridge for storing medication. This storage arrangement was a result of a lack of storage facilities in the appropriate rooms.

Staffing shortages was also identified as an issue, particularly in the evening and at night when there was only two, staff rostered on each ward at night. The inspectors found that when a resident that was very ill and required a lot of staff supervision, this was impacting on the availability of the staff for the other residents who were also very dependent and required the support of two staff. This discussed further in the body of the report.

Non Compliances' were identified in medication storage, staffing and premises and are actioned at the end of this report.

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 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.

The Statement of Purpose for the Sacred Heart Nursing Home accurately described the aims, objectives and ethos of the service. The facilities and services described in the Statement of Purpose were reflected in practice, and all the information required by Schedule 1 of the Regulations was contained within the statement of purpose. The Statement of Purpose was made available for visitors in the reception area of the designated centre.

Judgment:

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 effective and clearly defined management structures in place in the centre. The registered provider nominee is currently the Area Manager for Galway & Roscommon Primary, Community and Continuing Care, (PCCC) Services in the HSE. The provider nominee had ensured that the person in charge in the centre met the requirements of the regulations and that she was supported in her role by a team of competent staff. The provider had also ensured that there were sufficient resources in place, and the person in charge had deployed those resources to ensure effective delivery of care.

The Person in Charge works full-time between two centres. She works four days in the Sacred Heart and one day a week in Arus Mhuire in Tuam. She was assisted by her team of two Assistant Directors of Nursing and a team of seven Clinical Nurse Managers (CNMs) who are responsible for supervising and managing the delivery of care. They were supported by thirty full-time staff nurses, and forty-two care assistants as well as administrative, clerical and ancillary staff. In addition; there was a multidisciplinary team of physiotherapists, speech and language therapists and occupational therapists and a medical officer working in this centre.

Residents, relatives and staff were very familiar with the management team and were heard addressing them by their names. Residents, relatives and staff told the inspectors that they were very happy living in the nursing home and that staff were kind to them, and this was evident from the observations of the inspectors.

There was a well-established quality programme that included a number of in-house audits. Some of the audits reviewed included; documentation, nutritional/ dietary, accidents and incidents, end of life care and hygiene audits. Inspectors read and found that the findings of the audits were utilised to implement change/ improve practices in the centre.

Inspectors found that there was a system in place to monitor and review the quality and safety of the care. A Quality Safety and Risk meeting was held monthly to discuss current and potential issues relating to the quality of care, general and fire safety and risk reduction and control. This was also evidenced by the annual report for 2014 provided to the inspectors on the day of inspection.

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:

All residents have a signed contract of care in place; however; some residents had no capacity to sign their contract. Their next of kin/ care representative pay the maintenance charge and sign on behalf of the resident. One resident who is a ward of court has no capacity to sign and the contract is managed by the ward of court. An inspector read a sample of contracts and saw that they contained the requirements as outlined in the regulations. There was a residents' guide that met the requirements of 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 person in charge is a registered nurse and has an extensive range of professional and relevant qualifications and experience in nursing older people. She demonstrated a commitment to continuous professional development.

Throughout the inspection, Julie demonstrated knowledge of the Regulations and the professional and legal responsibility placed on her by them. She was committed to continuous review and improvement of the service and the outcomes for residents. Residents, relatives were aware of the person in charge and told inspectors that the PIC would attend to issues/complaints in a prompt manner.

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.

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 06: Absence of the Person in charge</i> <i>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.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The provider was aware of the requirement to notify the Chief Inspector should the person in charge be absent for more than 28 days. From discussion with the provider, the person in charge and PPIM's the inspectors were assured that the deputising arrangement in place were adequate to provide continued governance in the centre.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 07: Safeguarding and Safety</i> <i>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</i></p>
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is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy in place on the protection of vulnerable adults. It provided clear guidance to staff on the procedures to follow in the event of a staff witnessing or being informed of an allegation of abuse. Frequent training on protecting vulnerable adults had also been provided to all staff.

Inspectors found that the provider and person in charge had measures in place to protect residents from being harmed or suffering abuse. Staff members spoken to were knowledgeable about all forms of abuse and were very clear to report any concerns to the person in charge. The inspectors discussed the protection of vulnerable adults with residents, relatives and staff, and all said they would have confidence in reporting any concerns to the management team. They also commented that they would be confident that such concerns would be dealt with appropriately. This was also evidenced by the completed residents and relatives questionnaires returned to the Health Information and Quality Authority as part of the registration inspection.

An inspector spent time in one of the day rooms and heard and observed the staff interacting with residents in a respectful manner. Throughout the inspection, the inspector observed staff assisting residents in a careful manner to ensure no injury to residents.

The inspectors found that there were appropriate measures in place to assist and support residents with behaviour that challenges. At the time of the inspection, there were no residents displaying any behaviour that may be determined as aggressive/challenging. Inspectors found a very calm atmosphere in the designated centre.

The centre monitored the use of psychotropic drugs and had an aim to reduce the use of psychotic medication during 2014. The centre has a policy in place on how to deal with minimising restraint, reducing behaviours that challenge. Staff members were trained to use specific assessment tools to identify the cause of the persons' agitation and offer meaningful activities to alleviate these behaviours. The inspectors were satisfied that appropriate documentation including assessments were in place for residents' who used bed rails/restraint. A restraint register was in place and the inspector found was up to date.

An inspector reviewed the system in place for the management of residents' finances. There was a policy in place that provided adequate guidance. Each resident had a book detailing their accounts and corresponding receipts were in place and maintained.

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):

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

Findings:

Inspectors found that the designated centre had addressed the health and safety of residents, staff and visitors while also appropriately managing risk.

A health and safety policy was reviewed by inspectors. The safety policy was found to be comprehensive and centre specific dealing with a range of issues including manual handling, challenging behaviour and infection control. There was a risk register in place. This register was reviewed every three months and included environmental risks within the centre.

Residents indicated in pre-inspection questionnaires that they felt safe in the centre.

All completed maintenance checks on the fire detection system, fire extinguishers and emergency lighting were documented. Two recent fire drills had been completed in the centre that was recorded in the fire records. Fire exits were observed to be unobstructed by inspectors. The evacuation plan was seen to be on display throughout the centre. An emergency plan was on display throughout the centre. The required fire safety and manual handling training for staff had been completed.

An inspector saw that a number of falls had occurred in the centre in 2015, however; in the files viewed residents with high falls risks had up to date falls assessments, and care plans in place. In addition they had been reviewed with a post falls assessments, and in many of the cases residents had been reviewed by the physiotherapist as part of the hospitals post falls review procedure. Inspectors observed from the 2014 annual report that there had been a decrease of 66% in the number of falls from 2010 to 2014.

The person in charge had a staff training schedule in place and staff had attended safe moving and handling training. Two staff were qualified moving and handling trainers and participated in training staff in the centre. All residents that required assistance in moving and handling had an assessment of need completed, which was documented in their files. There were a number of overhead and manual hoists available for safe moving and handling; however storage of the manual hoists continued to be an issue in some areas due to lack of storage space. This is actioned under premises in outcome 12.

There was an infection control policy and staff were aware of the precautionary measures required to prevent healthcare related infections. The five points of hand hygiene training was given to staff in 2014 and inspectors observed hand-washing posters throughout the hospital and staff said they had received training in hand

washing techniques. Staff had access to gel for hand hygiene to ensure good infection control practices.

An emergency box containing an evacuation plan and procedures to follow in the event of loss of heat, water, light, fire, or flood was available. It also contained a list of staff and voluntary organisation's that would assist in an evacuation, as well as a torch and high visibility vests.

At the previous inspection, security issues at the main entrance were identified in this centre, however, the structural changes have not yet been implemented, This has been an on-going issue that has been identified in all of the previous inspection reports but has not been resolved to date. This is a concern particularly after 5pm in the evening and at the weekends when the reception area is closed. This requirement is actioned under the premises outcome.

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:

An inspector observed one of the nursing staff during the medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnaimhseachais na hEireann (Nursing and Midwifery Board of Ireland) guidelines. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents.

There was evidence that MDA drugs were checked twice daily by two nurses. The prescription sheet included the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed as well as discontinued medication. Maximum does of PRN (as required medication) was recorded in medication charts reviewed. In addition; the person in charge demonstrated that there were on-going audits of medication management in the centre.

However, inspectors observed inappropriate storage of medications in some of the units in the centre. For example, in two units, a number of unused controlled and refrigerated medications had not been returned to the pharmacy as required by the organisational policy. In addition; in two units there was excessive stock found to be stored. Also in

one unit, the medication fridge was stored in the residents' dining room and in another unit the medications press was kept inside a "walk in" press that was difficult to access. Both of these storage facilities created difficulties for nurses when administering medication.

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 reviewed records of accidents and incidents that had occurred in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

At the time of this inspection there were 94 residents living in the centre, however, 3 of these residents were in hospital on the day of inspection. 46 of the residents were assessed as maximum dependency, 25 had high, 16 medium and 7 low dependencies.

Residents had a mixture of age related medical conditions and cognitive impairment. Overall, the inspector found evidence of positive outcomes for residents who had good access to their General Practitioner (G.P.) and a wide range of allied health professionals. At the last inspection doctors from the local hospital and local G.P.'s practices were providing interim emergency services due to the sudden closure of the hospitals local G.P. practice. Since then the services of a new G.P. practice has been procured by the Health Service Executive (HSE). In addition; there was access to health professionals as required such a nutritional advisor and speech and language therapy, dental care, ophthalmology, podiatry services. Evidence of these reviews was seen by an inspector in the residents' files.

Clinical care included assessments and interventions accorded with evidence-based practice, with involvement and consultation with residents and/or their representative and the staff team. The care and support provided reflected the nature and extent of residents' dependency and needs. Records of care assessments and plans were completed and reviewed. The care plans were person-centred. An inspector viewed care plans with regard to wound care and found that these were appropriately managed.

A record of the residents' other health conditions and treatments were also recorded in their care plans which were reviewed on a four monthly basis. These were updated regularly so staff would know what changes, if any, had occurred in the residents condition.

Residents and relatives spoken to, and a review of resident and relative questionnaires indicated that they were satisfied with the services and care provided. Staff were observed to be caring and kind in their approach to residents and a number of residents told the inspector "the staff are nice". "I couldn't have got better care" " staff are wonderful"

There was documentation in place regarding the centres use of restraint and enablers. The policy on restraint was based on the national policy and the person in charge and provider were keen to promote a restraint free environment. Restraint measures in place included the use of bed rails and specialist chairs. The inspector reviewed records with regard to restraint measures in place. There was a risk assessment completed prior to the use of the restraint. The risk assessments documented the safety issues with regard to using or not using the restraint. Where enablers were used these were primarily bed rails used to assist residents mobilising in their bed. The documentation showed consultation with the resident or the resident's relative, the General Practitioner and the nurse in charge.

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 hospital is a one storey building and there is parking to the front and to the side of the building. The centre was welcoming and the internal areas viewed were in a clean hygienic condition. There were pictures and photographs of residents and staff taking part in events displayed throughout the centre which contributed a home like touch. All units had appropriate provision of communal space.

Significant improvements had been made since the first registration inspection with a major decorating programme completed and a refurbishment of St. Catherine's and Our Lady's unit that provided appropriate sitting and dining space away from residents' bedroom areas. There was assistive equipment such as call bells in place beside each resident's bed. In 2014 there were ceiling hoist installed in all of the residents' bedrooms, which eliminated the need for many manual hoists being stored in the ward areas which was a cause a risks to residents and staff. However, storage issues for some hoists continue to be an issue. Also, there were no cookers in the kitchenettes and due to a lack of space some fridges were kept in the dining room across the hallways from the kitchen.

Hallways had handrails to assist people with mobility problems. Safe floor covering was provided throughout the building. The inspector observed residents move freely around the building. Inspectors found there was appropriate assistive equipment available such as specialised beds, hoists, pressure relieving mattresses, wheelchairs and walking frames. There was a maintenance arrangement that covered the breakdown and repair of beds, air mattresses and other equipment used by residents. Inspectors reviewed maintenance records and found that the equipment was maintained and serviced regularly. There was an inventory kept of all equipment, to identify exactly what was available and fit for use and what items needed repair or replacement

The accommodation provided in the Sacred Heart Hospital consisted;

St. Josephs The total accommodation available is 20 residents. There were four areas accommodating four residents, one area accommodating three residents sleeping in multi-occupancy rooms and one single bedroom room.

St. Michaels There are five areas accommodating four residents, totalling 20 residents sleeping in multi-occupancy bedrooms

Our lady's total accommodation available is 18 residents. There are two four bedded

areas, three, three bedded areas, 17 residents sleeping in multi-occupancy bedrooms and one single bedroom.

St. Catherine's Total accommodation is 37 residents in 5 single rooms and 7 x 4 bedded areas (28 residents) and 2 x 2 bedded 4 residents. It is home for 22 residents, and provides rehabilitation, respite to 15 residents including one Palliative care suite.

The age and layout of the building presented significant challenges and although, the recent refurbishments had improved the ambiance of the environment for residents the physical environment continued not to comply fully with the specifications of the National Quality Standards for Residential Care Settings for Older People in Ireland. While improvements had been made to the personal space available for some residents, the following factors impacted on the resident's privacy, dignity and quality of life. The premises consisted mainly of ward-type accommodation and the physical environment was not suitable for the purpose of achieving the aims and objectives as set out in the statement of purpose and was not conducive to meeting the needs of residents. The inspector found that the centre required a number of actions to ensure it met the requirements of legislation.

Eighty eight of the ninety five residents living in this centre were accommodated in multi occupancy rooms with beds positioned beside and opposite each other. Privacy for residents living in this long term care facility was curtains around their bed and this did not protect residents from noise or unpleasant odours in and around their personal space. The space restrictions did not allow residents to have their own identified space and hindered the levels of privacy available to them on a daily basis.

The option of a single room in the event of a number of residents requiring end of life care could not always be guaranteed. There was no single room available in St. Michaels ward. Space to accommodate family members staying with residents near end of life was also a challenge. For example; the lack of single bedrooms had impacted on the resident's end of life experience and in addition it impacted on the other residents sharing multi-occupancy rooms. This impeded their rights to privacy/ dignity and personal space, particularly when other resident's family members wanted to spend their last days/nights with their loved one. The residents accommodated an inappropriate environment created more difficulties for all residents/ family members and staff.

There were an insufficient number of toilets for the number of residents accommodated. In St. Michaels ward, there was only one toilet for every eight residents. However, these were not all wheelchair accessible and did not meet the needs of the residents. There was only one bathroom and 2 showers rooms available for the 20 residents. There were no visitors or single room/palliative care room available. In St. Joseph's there were only 2 toilets and one shower room available to every eight residents, which residents had to access from the hallway as there was no direct access from their bedroom area. In most wards, there were two non-wheelchair toilets located between the dining room and sitting room, and many of these toilets were not accessible due to the dependencies of the residents living in the ward.

In some of the wards there were no storage facilities available for manual hoists and they were stored in clinic rooms which created a risk to staff. In addition; large comfy

chairs were stored in the sitting rooms when residents were in bed due to space constrictions around residents beds. In most cases, lockers and wardrobes were quite small and did not have sufficient space for residents clothing or personal possession's to allow residents to exercise choice. There was no lockable storage for some of the residents' personal possession's to be stored securely. There was insufficient communal space for relatives to visit and have private conversations in the day/bedroom room areas.

Despite these physical limitations, the centre was well organised, warm and comfortable when inspected. The units were relaxed, and the environments were made as comfortable as possible for residents. The garden areas were visible from many windows and in some units residents were noted to go outside and walk around.

The above issues were identified on the last registration inspection as well as a number of monitoring inspections and the premises inadequacies' have consistently being identified as non compliant. At a meeting in October 2014, the inspector and inspector manager met with the provider nominee and the person in charge to discuss these issues. The managers acknowledged the shortcomings in the premises facilities and outlined that there were plans being completed by the architect for major renovations of the centre which included an extension or a complete new build. Costed time bound plans were due to be sent to the Authority following a meeting with the provider in October 2014. However to date no proposal has been received in relation to this premise issue.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The person in charge demonstrated a positive attitude towards complaints. A complaints record is available at each care area, and the complaints policy is available at main reception and on each unit. Inspectors found that complaints were listened to and taken seriously. There was a policy and procedure in place to ensure complaints were monitored and could be appealed if necessary. All complaints were recorded in the complaints log and there was no open complaint at the time of inspection.

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 inspector found that caring for a resident at end-of-life was regarded as an important part of the care service provided. Staff stated that residents near the end of life would be moved to a single room if there were one available. Residents' spiritual needs were well met at all times, including at the end of life. For example; they had the option to receive the sacrament of the Anointing of the Sick every month or as requested. Religious ministers were freely available to support residents at the end of life and their families. At the time of inspection, Roman Catholicism was the only religion being practiced in the centre and arrangements were in place to support the spiritual needs of residents of other denominations as required.

The inspector viewed a sample of records; which indicated that residents were comprehensively assessed on admission including their end of life wishes or as required. There was evidence that residents were regularly reviewed by their GP's with increased frequency as they approached the end of life. Inspectors found that suitable assessment of residents' end of life wishes had been reviewed and that specific care plans had been developed to guide the end of life care. Inspectors viewed three end of life care plans, and assessments had been completed by staff for all residents.

There was an up to date end of life policy, which provided guidance to staff on various aspects of end of life care. Staff stated that the centre maintained strong links with the local palliative care team, which provided support for families and guidance to staff. After death, the centre offered the family the facility of keeping the remains in the unit until the removal of the body to the church, in accordance with the resident's cultural/religious beliefs. The hospital church was available for the funeral if the resident/ family so desired. An information sheet was also made available to family members on general information and entitlements after the death of a person.

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:

Residents were provided with a nutritious and varied diet. A dietician monitors the residents diets on a four monthly basis, or sooner, if necessary. The inspectors were told that the dietician attends most of the catering meetings during the year and monitors any changes made in the 4 week roll-over menus. Each day there was a food menu choice of two main courses which was interesting and varied as well as hot and cold evening tea options. Alternatives could be arranged for residents who wanted something else to eat. Residents who spoke with the inspector were very satisfied with the standard of catering and confirmed that they were offered choices at mealtimes.

Staff were aware of residents' special dietary requirements and were knowledgeable of how these meals should be served to meet the resident's individual needs. Some residents required special diets or a modified consistency diet and this was provided for them. The inspectors noted that they had the same choices as other residents, and the food was suitably presented. The inspector noted that residents were offered a variety of snacks throughout the day, including drinks, soup, fruit and baked goods

There was comfortable and spacious dining rooms available in each of the units for resident to eat independently and for residents that required assistance. There were sufficient staff members present to support residents while dining. There were individual menus in the dining rooms and the font of the menu was large for easy reading.

The centre had one main kitchen that provided all of the food to residents three times a day. Each ward had a kitchenette, however; there were no cookers in the kitchenettes and due to a lack of space some fridges were kept in the dining room across the hallways from the kitchen. This is actioned under outcome 12 premises. Also, inspectors found that there was some improvement required to the choices/ food options in the evening after 6pm. There was little food kept in the kitchenette and no cooking allowed in the ward other than to heat hot milk. Once the main kitchen closed in the evening, there was limited the choice and food options available to residents that may wish to eat some food later in the evening/ night.

Judgment:

Substantially 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:

Inspectors found that residents were consulted about how the centre was run and were enabled to make choices about how they lived their lives in the centre. There was a resident's council meeting held every month. In addition there were five advocates recruited for the advocacy services in 2014. Two residents joined the hospital governance meetings which take place monthly.

Throughout the inspection, the inspector observed residents being treated with dignity. The inspector observed friendships and familiarity between residents. The staff were seen providing individualised supports to residents. For example, residents were seen playing bingo, reading local and national newspapers, and were watching a DVD on the television.

Residents' civil and religious rights were respected. Residents had their own polling station in all wards for national and local elections in 2014. Residents attended or listened to the daily morning mass in the hospital church if they so wish.

There was a range of activities both in a group and individual activities on offer. An activities coordinator was available most days, and residents spoke of the activities available in which they liked to participate. There were twelve residents' that returned their satisfaction questionnaires' to the Authority and all of the comments were particularly complementary of the services/ care received in the centre. One resident stated that Wi-Fi should be installed for all residents to use as some residents like to use computers and their phones to search on the internet. There was only one dongle to access the Wi-Fi between all of the residents and they felt this was not enough.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were procedures in place for the safe segregation of clothing to comply with infection control guidelines. The person in charge had made arrangements for residents of the centre to have their laundry attended to as required. Residents and relatives expressed satisfaction with the laundry service provided. Residents had access to furniture in their bedroom if they wished to store their belongings. There was a policy in place for residents' property; that was inclusive of the process for logging and recording residents' personal possessions in line with the Regulations</p>
<p>Judgment: Compliant</p>

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

<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: On the day of inspection, there were ninety-one residents living in the centre and three residents were in the hospital. Forty-six were maximum dependency residents, twenty-five high dependency, fifteen medium dependency, and seven low dependency. An inspector reviewed the staff roster and found that it reflected the staff on duty. The inspector reviewed the staff numbers and skill mix in the centre and found that during the day, it adequately met the care needs of the residents. However, at night, there were only two staff members on duty to care in each of the three wards to care for the residents. In the fourth ward there were four staff rostered to care for thirty-seven residents. During the night in three of the wards, the staff was further reduced to only one staff member during staff break times. Therefore inspectors found that there was inadequate staff support available at night.</p>

This finding was supported by the twenty five completed satisfaction questionnaires returned to the Authority by the resident's families/relative, eleven of the residents/family members commented that there was inadequate staffing in the centre at night. In addition; a number of residents had unwitnessed falls in the centre. Inspectors found that this allocation of staffing at night in particular was inadequate to meet the needs of the residents and requires review. There was an action to review staffing levels from the last inspection and this has not been adequately completed and will be re-actioned in this report.

The provider nominee and person in charge had ensured a well-trained and competent workforce. Inspectors found that staff provided safe care in a respectful, friendly manner to residents. There was a recruitment policy in place. Inspectors reviewed the records of recruitment and found that all documentation was completed in compliance with schedule 2 requirements. An induction programme was also in place that was evident in staff files.

There was a comprehensive training and education schedule which demonstrated a commitment to on-going improvement.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate



Action Plan

Provider's response to inspection report¹

Centre name:	Sacred Heart Hospital
Centre ID:	OSV-0000654
Date of inspection:	02/03/2015
Date of response:	03/06/2015

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 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:

Medication storage and stock controls in this centre were not in compliance with the regulations and required review.

Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance

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

with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

At the time of inspection a policy was in place that all out of date medicinal products, discontinued medication was to be stored in a separate, secured box provided by pharmacy for collection and disposal by pharmacy. This policy is now adhered to in all areas following discussions with nursing staff.

Access to pharmacy is now 7 days per week which will allow for less medicinal stock in ward areas.

The medication fridge in St. Joseph's has been relocated to the Nurses office on the ward.

Proposed Timescale: Immediate

Proposed Timescale: 03/06/2015

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:

In most cases, lockers and wardrobes were quite small and did not accommodate sufficient clothing to allow residents to exercise choice. There was no lockable storage for some of the residents' personal possessions.

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 organisation is in the process of changing the old lockers to new wardrobes and chest of drawers for each resident on a phased basis. Three units are now completed and the fourth is in process.

Maintenance has been requested to complete the provision of a lockable storage area for each resident and are in the process of implementing this.

Proposed Timescale: 31/12/2015

Theme:

Effective care and support

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

There was insufficient communal space for relatives to visit and have private conversations in the day/ bedroom areas.

Action Required:

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

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

The organisation has provided a separate room for this purpose on both Our Lady's and St. Joseph's Wards. A room has been allocated between St. Catherine's and St. Michael's Wards for this purpose. This is an interim plan as submission has been made for a new build.

Proposed Timescale: Immediate new room New build await decision on submission

Proposed Timescale: 03/06/2015

Theme:

Effective care and support

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

There were no cookers in the kitchenettes and due to a lack of space some fridges were kept in the dining room across the hallways from the kitchen.

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:

A kitchenette is provided in the Occupational Therapy department which can now be used by the residents in the afternoons for baking and cooking.

A submission for a new build has been made to include upgraded kitchenettes. Unknown awaiting outcome of submission for new build.

Proposed Timescale:

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

There was limited safe storage space for manual hoists in the ward areas.

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:

Overhead hoist has been installed in all residents' rooms on three wards. In Our Lady's ward only one 4 bedded area has no overhead hoist. This has reduced the need for mobile hoist to a minimum.

Hoist has now been stored off the clinical area in the ward.

Proposed Timescale: Immediate

Proposed Timescale: 03/06/2015

Theme:

Effective care and support

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

There continued to be security risk at the main entrance to the hospital.

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 organisation has a plan for the upgrading of the Front Entrance which is waiting a response from Tenders. Maintenance is in consultation with the Roscommon Co. Council around the need for planning permission around its implementation.

Proposed Timescale: 31/12/2015

Theme:

Effective care and support

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

The majority of residents' were accommodated in three/four-bedded rooms which did not ensure that their privacy and dignity was met on a daily basis.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated

centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

A submission has been made for a new build.

Proposed Timescale: Unknown awaiting national decision re new build.

Proposed Timescale:

Theme:

Effective care and support

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

In some wards, there were inadequate toilet/ shower facilities located near the bedroom areas to ensure easy and safe accessibility for residents.

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:

A submission has been made for a new build, awaiting time frame for same; if delayed consideration will be given for the upgrading of toilet/shower facilities to meet this need.

Proposed Timescale: Unknown awaiting national decision re new build.

Proposed Timescale:

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:

There were no cookers in the kitchenettes and due to a lack of space some fridges were kept in the dining room across the hallways from the kitchen. There improvement required to the choices/ food options in the evening after 6pm as once the main kitchen closed in the evening, there was limited the choice and food options available to residents.

Action Required:

Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

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

The Occupational Therapy area will now be available to residents who wish to cook in the evenings, with immediate effect.

A catering meeting has explored new options for evening meals and late evening snacks available at unit level.

Proposed Timescale: 03/06/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There was evidence of inadequate staffing in this centre at night to meet the assessed needs of the residents or situations that may arise.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

At the time of the inspection there were two staff on each area, one Nurse and one HCA. At the current time we are in the process of recruiting an extra CNM for night duty, who will be in charge of the hospital at night. Currently there is an additional HCA allocated to nights as an intern plan, with senior Nurse in charge.

Proposed Timescale: 31/10/2015