

**Sacred
Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sacred Hearts Nursing Home
Centre ID:	ORG-0000156
Centre address:	Roslea Road, Clones, Monaghan.
Telephone number:	047 51 069
Email address:	sacredhearts@arbourcaregroup.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Varna Healthcare Services Limited
Provider Nominee:	Donal O’Gallagher
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	
Type of inspection	Unannounced
Number of residents on the date of inspection:	37
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.

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and amendments, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
06 May 2014 21:30	06 May 2014 22:00
20 May 2014 16:30	20 May 2014 21:30

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

Outcome 01: Statement of Purpose
Outcome 07: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring event by the Health Information and Quality Authority (the Authority) was unannounced. The inspection was carried out to assess compliance with required immediate actions issued on the 17 April 2014 and 02 May 2014. The action plans on fire safety, risk management and privacy and dignity developed from findings during the inspection on the 16 and 18 April 2014 were also assessed.

An additional staff member was rostered on night-duty as required by the Authority on the 16 April 2014 and was documented as an action in an immediate action plan issued to the provider on the 17 April 2014. Following inspection of the 29 April 2014 and a subsequent meeting with the provider, a second immediate action plan was issued to the provider referencing the findings of this inspection. In addition the provider agreed to roster a fire marshal at night-time and cease admissions until identified works were completed to address areas of fire safety non compliance. Confirmation that these actions as agreed was completed on inspection by the Authority on 06 May 2014. The second day of this inspection on the 20 May 2014 was carried out to assess progress with fire safety matters and the inspector found that;

- the fire Marshal in addition to 3 carers and 1 staff nurse were rostered on night-duty.
- Staff spoken with were knowledgeable about what they would do in response to the fire alarm sounding
- A 'Daily Residents List' dated 20 May 2014 was available detailing each resident, their location, evacuation method and equipment including medical equipment used

by them.

- Daily checks to ensure the fire exits were not obstructed and weekly checks of other related fire safety matters was completed.
- Fire safety training and evacuation procedures was on-going,
- CPR (cardiopulmonary resuscitation) training for staff was taking place.
- Fire exit directional signage was lit and was visible on exiting rooms.
- Room 22b which was found to have adequate exit in the event of a fire was closed and was currently undergoing refurbishment.
- The existing fire doors/screens (i.e. to the staircases/lift, separating the various fire zones and to fire hazard rooms such as the laundry and kitchen) highlighted in the report of 29 April 2014 as affording inadequate protection to contain fire were found to be visibly unchanged. However, the provider advised the Authority on 29 May 2015 in his provider response to the action plan from inspection by the Authority on 29 April 2014 that he was working with Monaghan Fire Services to agree a satisfactory resolution which he proposed would be completed on 30 May 2014 with immediate commencement of required works to follow.
- Staff confirmed that work was taking place in respect of the installation of some additional emergency lighting and new emergency lighting was highlighted to the inspector inside an exit on the ground floor.
- Risk assessments were in place for refurbishment work in an area closed off in the reception area with interim controls stated.

The provider informed the Authority that the centre will be in compliance with the Regulations and National Standards by July 2015. Structural work has commenced on the premises following a registration renewal inspection on 19 and 20 February 2014, to address fire safety, privacy and dignity and risk management. The statement of purpose was revised following refurbishment work on 01 May 2014 advising that the maximum number to be accommodated was revised from 48 to 41 residents.

The renovations that have taken place to date to improve facilities have enhanced the environment for residents who resided in multi occupancy bedrooms however, the design and layout of some other parts of the building does not meet its stated purpose in terms of minimum usable floor space available in seven single bedrooms on the first floor, two toilets on the ground floor with entrances which measure 0.6m and 0.7m respectively, narrow corridors measuring less than 1m on the ground and first floor and accommodation for two residents on an upper level off the first floor has no accessible toilet or shower on the same level.

Following this inspection, an action plan was sent to the provider which set out the mandatory improvements required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

However, the completed action plan returned by the provider does not satisfactorily address all the failings identified in this report. The Authority has therefore taken the decision not to publish the action plan at this time and is in discussion with the provider to address all outstanding actions.

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 2009 and amendments, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider forwarded a revised statement of purpose dated 01 May 2014 referencing the revised maximum number of residents to be admitted to the centre, reduced from 48 to 41 to reflect revised maximum resident accommodation arrangements due to resident bedroom refurbishment work undertaken since the registration renewal inspection on 19 and 20 February 2014.

A copy of this revised statement of purpose was forwarded to the Authority as required. The statement of purpose described the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents and was reflected in practice in the centre. It contained required information in relation to the matters listed in Schedule 1 of the Regulations.

Judgement:

Compliant

Outcome 07: 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:

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

Findings:

On this inspection, the inspector found evidence that improvements had been made to protect the health and safety of residents, visitors and staff. Precautions against the risk

of fire had been enhanced since the registration inspection in February 2014 and subsequent inspections to date, due to actions including upgrading work undertaken by the provider. The inspector reviewed actions taken to date by the provider and the person in charge to mitigate risks to residents posed by inadequate fire safety arrangements in the centre. These actions were required in response to findings communicated to the provider in immediate action plans forwarded on the 17 April and 02 May 2014 and on inspections completed on the 19 and 20 February 2014, 08 April 2014, 16 and 18 April 2014 and 29 April 2014 as stated in the concomitant action plans developed following these inspections.

An additional staff member was rostered on night-duty as required by the Authority on the 16 April 2014 and documented in an immediate action plan issued to the provider on the 17 April 2014. Following inspection on the 29 April 2014, a meeting was held by the Authority with the provider on 02 May 2014 regarding the inspection findings of 29 April 2014. At this meeting, a second immediate action plan was issued to the provider referencing findings of inadequate fire safety arrangements. The provider agreed to roster a fire marshal at night-time and cease admissions until identified works were completed to address areas of fire safety non-compliance. Confirmation that agreed actions in relation to rostering of additional staff was satisfactorily completed on inspection by the Authority on 06 May 2014.

The inspector found that a fire Marshal in addition to 3 carers and 1 staff nurse was rostered on night-duty. Staff spoken with were knowledgeable about what they would do in response to the fire alarm sounding. A 'Daily Residents List' dated 06 May 2014 was available detailing each resident, their location, evacuation method required and equipment including medical equipment to be used by them in an emergency. The inspector also found on this inspection that up to date individual risk assessed evacuation plans were completed for each resident which assessed their equipment needs including medical equipment and number of staff required to ensure safe evacuation. A copy of each resident's personal evacuation risk assessment was discretely displayed inside their wardrobe door for ease of reference in the event of an emergency. This list was revised daily as observed by the inspector.

Staff fire training was on-going and CPR (cardiopulmonary resuscitation) training was also taking place. Fire exit directional signage was lit and was visible on exiting a sample of bedrooms. Preventative procedures were in place with fire alarm testing completed each Wednesday, daily examination of fire exits to ensure no obstacles were present and inspection of the fire panel to ensure no errors and weekly checks of other related fire safety matters were completed. A copy of the fire evacuation plan for the centre was also available and displayed in large print by the fire alarm panel and in the staff rest-room.

An area off the reception area, identified as not having an adequate emergency exit in the event of a fire was unoccupied by residents and was secured, as refurbishment work was taking place in this area. Risk assessments were in place referencing relevant health and safety issues while refurbishment work was taking place in the area closed off in the reception area with interim controls stated to mitigate risk of injury to residents and others. This finding is also discussed in outcome 12 of this report.

The inspector found that doors to bedrooms and fire compartments identified on inspection on 29 April 2014, documented in the report action plan and an immediate action plan on 02 May 2014, as affording inadequate protection to contain fire were unchanged. Staff confirmed that work was taking place in respect of the installation of some additional emergency lighting and installation of new emergency lighting was highlighted to the inspector inside an exit on the ground floor.

Judgement:

Non Compliant - Major

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

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

Findings:

On this inspection, the inspector reviewed a sample of care plans to assess actions taken in response to non-compliant findings in previous inspections in April 2014. The person in charge told the inspector on 20 May 2014 that she had reviewed residents' care plans to ensure each residents' assessed need had a corresponding care plan and had revised the format of same to promote clarity and accessibility. The inspector found on this inspection that each resident had a care plan in place to meet their assessed needs. The content of the care plans reviewed was personalised and clearly informed care. The person in charge also demonstrated that she was providing one to one support to staff nurses with care planning.

On the previous inspection, Inspectors observed inconsistencies in records of consultation with residents and/or their relatives regarding their care. There was evidence in the documentation on this inspection that each resident had their care plan reviewed, who attended the review meeting and changes made in the sample of resident care plans reviewed.

Judgement:

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

On the 16 April 2014, inspectors found that the provider had completed refurbishment of one of the multi-occupancy rooms on the first floor with accommodation reduced from four to two residents. Refurbishment and construction work was underway on erecting walls around one of the original bed areas which created an additional room within this multi-occupancy area. The inspector found that the work was completed on this inspection with conversion of this area into a single and a twin bedroom.

The inspector found that access from bedrooms 22a to 22b on the ground floor was closed off. Refurbishment work was underway to open bedroom 22b and bedroom 23 onto a new corridor with installation of a new fire exit to the exterior of the premises. This area was found to be vacated and secured to prevent unauthorised access by vulnerable residents or others. Risk assessments were completed for this work, copies of which were given to the inspector.

The conversions that had taken place to date to improve facilities had enhanced the environment. However, the design and layout of parts of the building continued to negatively impact on how residents could maintain their privacy, dignity and independence. Some parts of the centre were not suitable for its stated purpose in terms of meeting residents' privacy and dignity and risks posed to their health and safety. However, the revised statement of purpose document dated 01 May 2014 referenced completion of pre-admission assessments of residents to ensure seven single bedrooms on the first floor could adequately meet their needs.

On the last inspection of the centre in April 2014, inspectors observed that residents, staff and visitors had to step back into residents' bedroom doorways and personal space to allow each other to pass on the corridors. This arrangement was also observed by the inspector on this inspection. On the ground floor, two toilets had restricted doorways (0.7m and 0.6m respectively).

The purpose of bedroom number 6, located on the first floor had changed to become a visitor's room where residents could meet their visitors in private outside of their bedrooms.

The inspector found that there were seven single bedrooms (ranging from 7.87m² to 8.02m²) on the first floor, all of which were occupied on the 20 May 2014. The inspector found that the layout and design of these bedrooms did not adequately promote the

independence, privacy and dignity of some residents residing in them. There was inadequate space for assistive equipment. Five of these bedrooms were occupied by residents with maximum and high dependency needs.

Residents' accommodation consisting of two single bedrooms, in an area above the first floor, accessible by five steps was unchanged. This floor level was without lift access and did not have toilet/shower facilities. There was one resident accommodated in this area on the days of this inspection. This resident did not have easy access to a toilet and shower without assistance with descending steps.

The glass in residents' bedroom door panels, although obscured did not afford them an appropriate level of privacy. A glass window panel in the wall between two bedrooms and a multi-occupancy bedroom under refurbishment and a single bedroom on the ground floor found to be partially covered by a plaster board on the 16 April 2014 was completely closed on this inspection.

Judgement:

Non Compliant - Moderate

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

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

Findings:

The centre's statement of purpose document discusses privacy and dignity for residents and purports to met these needs by current practices and by inviting residents to raise dissatisfaction regarding issues with same.

In response to action plans developed from findings in regard to areas that compromised residents' privacy and dignity on inspection since 19 and 20 February 2014, a refurbishment project was commenced by the provider. On this inspection, the inspector found that all multi-occupancy rooms were refurbished to twin rooms and while curtains were used to screen beds in twin rooms, the provision of additional floor space for each resident also enhanced their privacy, dignity and space available during times of personal care provision. The inspector also found that all doors and bed screens were closed while residents were in receipt of personal care. The inspector found on this inspection that an existing window panel in a wall between residents' bedrooms was removed ensuring the privacy of residents in these rooms.

An accommodation layout arrangement in bedrooms number 22a and b, whereby the resident residing in 22b accessed the personal space of the resident residing in 22a to access their accommodation. Bedroom 22b was found on this inspection to be vacated and closed off from bedroom 22a as it was undergoing refurbishment. The provider advised the Authority in his response to an action plan following inspection on 16 and 18 April 2014 that this arrangement would be addressed by 30 June 2014.

However, as found on previous inspections, the design and layout of parts of the building negatively impacted on how residents could maintain their privacy, dignity and independence. Some parts of the centre were not suitable for its stated purpose in terms of residents' privacy and dignity including inadequate usable floor space available in seven single bedrooms, narrowed access to two communal toilets on the ground floor and narrow corridors on the ground and first floors requiring pedestrians to step back into residents' rooms to permit passage of others on the corridors. The glass panels fitted in bedroom doors, although obscured did not ensure residents' privacy and dignity needs were met. This finding is discussed in outcome 12.

Judgement:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors' findings on the registration renewal inspection of 19 and 20 February 2014 and 08 April 2014 supported a requirement for the person in charge to review staffing levels and staff mandatory fire training attendance to ensure that residents received suitable, sufficient and safe care including the safe evacuation of residents in the event of a fire in the centre given the size, layout, fire safety management issues and the assessed needs of residents..

On the inspection of the 16 and 18 April 2014 and in concomitant action plans responses, the inspectors were advised by the Person in Charge that following staffing level reviews there was no identified need to increase the staffing levels. In response to findings on the inspection of 16 and 18 April 2014, the Chief Inspector required the person in charge to roster additional staff on duty at night-time with immediate effect to

assure residents' safe evacuation in the event of a fire. The person in charge informed the Authority on the morning of the 17 April 2014 that an additional carer was rostered on night duty from the evening of the 16 April 2014 which was confirmed on inspection on the 18 April 2014. This requirement was also stated in an immediate action plan forwarded by the Authority on the 17 April 2014.

As an outcome of a regulatory meeting on the 02 May 2014 with the provider and person in charge in relation to findings of a specific issue inspection by the Authority on fire safety on the 29 April 2014, the Chief Inspector issued a second immediate action plan. This immediate action plan was developed from findings of major non-compliance in relation to fire safety arrangements in the centre. In response, an additional staff member in the role of fire marshal was rostered on-duty from 20:00 to 08:00hrs each night and admissions to the centre was ceased which was confirmed by an inspector from the Authority on the 06 May 2014.

The inspector reviewed staff training records on this inspection. The records evidenced that all staff had attended mandatory training as required including fire safety and fire evacuation training. Staff spoken with by inspectors were knowledgeable regarding residents needs and their wishes and preferences. They discussed residents' care confidently and were conscious of additional safety precautions to prevent injury whilst caring for residents given the challenges presented by some parts of the environment. There was also evidence that staff had completed professional development training. Two staff had completed training in pain assessment and other members of staff had completed training in nutrition.

Judgement:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

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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