

**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-0000549
Centre address:	Old Dublin Road, Carlow, Carlow.
Telephone number:	059 913 6371
Email address:	patricia.mcevoy@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patricia McEvoy
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	68
Number of vacancies on the date of inspection:	9

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 February 2016 09:40 To: 15 February 2016 17:00

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

Outcome	Our Judgment
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Major
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of a one day, unannounced inspection of the Sacred Heart Hospital. The Authority had received a concern in relation to potential issues of safeguarding vulnerable adults in the centre. The inspection also considered information received by the Authority in the form of notifications and other relevant information.

The inspector was satisfied that all reasonable measures were being taken to protect residents from abuse. The inspector was satisfied with the investigation of potential issues of abuse of residents. In particular, there was evidence that recommendations had been implemented following an investigation.

The inspector met with some residents and interviewed the person in charge, the clinical nurse manager and staff. Staff interviewed were aware of the policy on prevention, detection and response to abuse. Training records confirmed that staff had up to date training in safeguarding of residents with the exception of four staff who were on leave at the that time.

Of the five outcomes that were reviewed on this inspection one outcome in relation to the submission of notifications to the Authority was found to be at the level of major non-compliance, three outcomes were at a level of moderate non compliance and one outcome was substantially compliant.

Inspection findings including non-compliances are discussed in the body of the report and in the action plan at the end of the 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 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 inspector noted that the policy in relation to behaviours that challenge had not been reviewed since 2012.

Judgment:

Substantially Compliant

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

Theme:

Safe care and support

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

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

Findings:

The Authority had received a concern in relation to potential issues of safeguarding

vulnerable adults in the centre. Inspectors found evidence that all reasonable measures were being taken to protect residents from abuse. Systems and processes were in place to protect residents from being harmed or suffering abuse. A policy, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with HSE procedures. The trust in care procedures and the safeguarding vulnerable persons at risk of abuse documents were available and accessible to staff. The person in charge told the inspector that training was currently being rolled out on the national policy of safeguarding vulnerable persons at risk of abuse policy. All staff with the exception of four who were on leave had up-to-date training in prevention, detection and response to abuse.

Staff who spoke with the inspector knew what constituted abuse and what to do in the event of an allegation. Staff confirmed that they would have no hesitation in reporting any concerning episodes and where concerns had arisen in the past, staff confirmed that they had been adequately supported by management.

The inspector requested and examined documentation relation to any previous or on-going allegations of abuse of residents. Two files were provided to the inspector relating to safeguarding vulnerable adults. One case had been deemed as inconclusive and was being managed at local level. The other case was currently on hold and would be reactivated in due course. The inspector saw that once issues had been reported there was evidence that the person in charge had taken steps to prioritise the safety of individuals.

Following review of all documentation and speaking with staff the inspector was satisfied that when a concern arose for the safety of an individual, the person in charge took all reasonable and proportionate measures to ensure the protection of all individuals in advance of the outcome of any preliminary screening or investigation into the matter. In one instance the inspector observed the safeguards that had been implemented following a preliminary investigation. Staff confirmed to the inspector the outcome of the preliminary screening and the plans in place in relation to dealing with issues highlighted. Staff also confirmed that the subject of abuse was discussed at staff meetings. The inspector observed that advocacy services were available and the person in charge also confirmed this. This is outlined under Outcome 16, Residents' Rights, Dignity and Consultation.

There was a restraint policy in place. However, the inspector saw that it was dated 2011. This was also an issue on the previous inspection. There was documentation in place regarding restraint and enablers. The inspector saw that the use of bedrails in one unit had decreased from 100% to 76%. There was a system in place to monitor all residents using restraint. Restraint measures in place included the use of bedrails. 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 measure and a balancing clinical judgment was made as to whether to use or not use the restraint measure.

Staff demonstrated good knowledge of residents needs. However, these practices were not reflected in documentation. For residents who exhibited behaviours that challenge,

there was no documentary evidence that efforts had been made to identify and alleviate the underlying causes of behaviour. However, in care plans reviewed strategies were not outlined to support residents in relation to all the behaviours specific to the resident. The care plans did not outline sufficiently the antecedents and communication functions of the behaviours displayed which, when identified promptly, would guide staff to support residents in preventing incidents of behaviour that challenged. The clinical nurse manager told the inspector they would always consider the reasons why a person's behaviour changed, and would also consider and review for issues such as infections and or pain. A review of training records indicated that staff were not provided with up-to-date knowledge and skills, appropriate to their role to enable them to manage and respond to behaviour that is challenging. The inspector also noted that the policy in relation to behaviours that challenge had not been reviewed since 2012. This is actioned under Outcome 5.

The inspector saw that expert advice from the relevant professionals was sought where necessary before commencing any psychotropic medication or any use of physical restraint. The inspector saw that medications were used under controlled conditions that promoted the well being and interests of the resident. The inspector saw that there was a register of residents' medications which was reviewed by the multidisciplinary team which included the pharmacist and general practitioner (GP) on a regular basis.

The inspector discussed supervision practices in detail with the clinical nurse manager. The inspector was satisfied that staff were supervised appropriate to their role and that supervision practices were adequate and improved practice and accountability. The inspector saw that staff appraisals were done on a yearly basis. Health care staff told the inspector that they always worked with a registered nurse. The clinical nurse manager has been allocated supervisory hours whereby she did not have a case load of residents. Following the conclusion of preliminary screening in one case of potential abuse the inspector saw that additional healthcare and nursing hours had been deployed to the unit which increased supervision levels also.

The systems in place to manage residents' finances were not reviewed on this inspection.

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 determined that the person in charge had failed to notify the Chief Inspector of two notifiable events that had occurred. These were in relation to two potential issues of safeguarding vulnerable adults in the centre which were received by the person in charge on 16 August 2015 and 23 October 2015. Both notifications were subsequently submitted to the Authority following the inspection.

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 complaint's policy was in place and the inspectors noted that it met the requirements of the Regulations. The complaints procedure in leaflet format was on display in the centre. There was evidence from records and interviews that complaints were managed in accordance with the HSE "Your Service Your Say" policy. Issues recorded were found to be resolved locally at unit level or formally by the complaints officer as appropriate. There was a hospital complaints log and each unit also maintained their own complaints log. The nurse manager told the inspector that she would always endeavour to resolve complaints locally.

The inspector saw that the management of complaints was inconsistent. The inspector observed in a file reviewed that while a staff member reported an incident verbally, accurate and contemporaneous records were not maintained at all times. There was limited evidence that all complaints were fully recorded and that such records were in addition to and distinct from a resident's individual care plan. In a sample of complaints reviewed the inspector observed that the outcome of the complaint was not recorded as being resolved and there was no recording of whether the complainant was satisfied or not. As outlined under Outcome 16, it was discussed with the person in charge and a clinical nurse manager the importance of residents with communication difficulties being aware of their right to access advocacy services and providing a complaints procedure in an accessible format.

Judgment:

Non Compliant - Moderate

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:

Communication was the only component of this outcome which was monitored on the inspection. The inspector observed that advocacy services were available and the person in charge also confirmed this. The inspector noted that staff were aware of the different communication needs of some residents. However, the inspector judged that improvement was required in utilising advocacy services for residents with communication difficulties, in particular where incidents of potential abuse arise.

The inspector observed that some staff had received training in certain health conditions. All staff should receive on-going training and education in relation to residents with complex conditions. This would enable staff to have in-depth insight into particular vulnerability of residents with complex medical conditions with particular reference to those with communication difficulties. There was a communication policy in place dated January 2015. Resident's communication needs were highlighted in care plans. However, interventions to support and improve communication for individuals was required in an accessible format that was appropriate to the residents' communication needs.

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:

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Sacred Heart Hospital
Centre ID:	OSV-0000549
Date of inspection:	15/02/2016
Date of response:	09/03/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The inspector noted that the policy in relation to behaviours that challenge had not been reviewed since 2012.

1. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any

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

event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

CNM 11 meeting 03 March 2016 re policy. Draft policy circulated week commencing 07 March 2016 for comment. Education planned at ward level re policy.

Proposed Timescale: 18/03/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

There was a restraint policy in place. However, the inspector saw that it was dated back to 2011.

2. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Policy presently being reviewed. As it is a national policy link in with Office of Nursing and Midwifery.

Proposed Timescale: 29/04/2016

Theme:

Safe care and support

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

A review of training records indicated that staff were not provided with up- to- date knowledge and skills, appropriate to their role to enable them to manage and respond to behaviour that is challenging.

3. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Policy reviewed and training dates arranged and sent to lead inspector 07 February 2016. Training dates 13 May 2016 and 8 June 2016.

Proposed Timescale: 08/06/2016

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

The person in charge had failed to notify the Chief Inspector within the appropriate timeframes of two notifiable events that had occurred.

4. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

As per the inspection report, the person in charge had failed to notify the Chief Inspector. Notifications were submitted to the authority following Inspection.

Proposed Timescale: 09/03/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

Provide residents with a complaints procedure in an accessible format.

5. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

All complaints recorded in unit complaints log and now being closed off when resolved. Template for recording complaints being developed.

Proposed Timescale: 18/03/2016

Theme:

Person-centred care and support

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

In a sample of complaints reviewed the inspector observed that the outcome of the complaint was not recorded as being resolved and there was not any recording of whether the complainant was satisfied or not.

6. Action Required:

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

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

Details of complaint, outcome and satisfaction of complainant recorded.

Proposed Timescale: 07/03/2016

Theme:

Person-centred care and support

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

There was no evidence that all complaints were fully recorded and that such records were in addition to and distinct from a resident's individual care plan.

7. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

Complaint log in each area. Complaint register on site.

Proposed Timescale: 04/03/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Ensure that all residents are assisted to access advocacy services.

8. Action Required:

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her

wellbeing, safety and health and that of other residents in the designated centre.

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

Contact made with development worker via Sage to access advocacy services. Full review of all residents took place 29 February 2016. Awaiting assessment date.

Proposed Timescale: 30/04/2016

Theme:

Person-centred care and support

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

Interventions to support and improve communication for individuals was required in a format that was appropriate to the residents communication needs.

9. Action Required:

Under Regulation 10(2) you are required to: Where a resident has specialist communication requirements record such requirements in the resident's care plan prepared under Regulation 5.

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

Visual Communication booklet in place. Involvement of speech and language to assist with communication needs and staff education for individual residents.

Proposed Timescale: 08/04/2016