

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |                               |
|---|-------------------------------|
| <b>Centre name:</b>                                   | Sacred Heart Hospital         |
| <b>Centre ID:</b>                                     | OSV-0000654                   |
| <b>Centre address:</b>                                | Golf Link Road,<br>Roscommon. |
| <b>Telephone number:</b>                              | 090 662 6130                  |
| <b>Email address:</b>                                 | bridie.stephens@hse.ie        |
| <b>Type of centre:</b>                                | The Health Service Executive  |
| <b>Registered provider:</b>                           | Health Service Executive      |
| <b>Provider Nominee:</b>                              | Siobhan O'Sullivan            |
| <b>Lead inspector:</b>                                | Geraldine Jolley              |
| <b>Support inspector(s):</b>                          | None                          |
| <b>Type of inspection</b>                             | Unannounced                   |
| <b>Number of residents on the date of inspection:</b> | 91                            |
| <b>Number of vacancies on the date of inspection:</b> | 4                             |

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 23 March 2016 12:30 To: 23 March 2016 19:00

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

| <b>Outcome</b>  | <b>Our Judgment</b>     |
|---|-------------------------|
| Outcome 04: Suitable Person in Charge                       | Compliant               |
| Outcome 05: Documentation to be kept at a designated centre | Substantially Compliant |
| Outcome 07: Safeguarding and Safety                         | Compliant               |
| Outcome 09: Medication Management                           | Compliant               |
| Outcome 11: Health and Social Care Needs                    | Substantially Compliant |
| Outcome 12: Safe and Suitable Premises                      | Non Compliant - Major   |
| Outcome 18: Suitable Staffing                               | Compliant               |

**Summary of findings from this inspection**

This report sets out the findings of a one day, unannounced inspection of the Sacred Heart Hospital. Hiqa had received information that indicated that care practice compromised the privacy and dignity of residents, that activity provision was inadequate, that medication errors were not managed appropriately and that training on the care plan system in use was inadequate. The inspector reviewed these aspects of practice and also reviewed information received by the Authority in the form of notifications.

The inspector found that the areas of concern described were known to nurses and to the person in charge and they were noted to have taken reasonable measures to address shortfalls where they had occurred. The medication error had been identified promptly, investigated and advice sought from medical staff and the team involved with the resident’s care. Privacy and dignity issues had been identified where residents were in communal bedrooms and screens provided did provide full privacy particularly when equipment was in use. This matter was addressed by improved arrangements that included additional portable screens as well as the curtains around beds. The inspector found that activity provision was variable across the units but there was evidence that a more consistent approach was being developed and a significant number of staff had received training in activity provision for people with dementia.

The inspector met with some residents, the newly appointed person in charge, the assistant director of nursing, clinical nurse managers and varied members of staff. Staff interviewed were aware of the policy and care practice arrangements to be followed to protect privacy and dignity. They were observed to ensure that residents had appropriate and full screens in place when personal care was delivered. Training records confirmed that staff had up to date training in safeguarding of residents. The person in charge had lead responsibility for adult protection matters in the centre.

The inspector reviewed the actions taken in response to areas identified for attention following the last inspection which was conducted on 2 March 2015. These are described under the varied outcomes. All actions with the exception of those related to premises issues were addressed. A major upgrade of the centre that is planned will address the outstanding issues that include lack of storage, the provision of bathrooms and toilets and better standards of privacy for residents as currently the accommodation for residents is available in multiple occupancy bedrooms that accommodate three or four residents.

Inspection findings including non-compliances are discussed in the body of the report and are the areas that require attention are outlined 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 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 had recently been appointed. She was familiar with the regulations and standards that underpin the management and governance of designated centres. She was previously an assistant director of nursing for the centre and provided support to the previous person in charge as a person participating in management (PPIM).

The inspector noted that she had taken appropriate actions to address the concerns relayed to the Authority and to staff in the centre. Remedial actions to address deficits identified had been taken and were being reviewed to ensure effectiveness. The person in charge was familiar with the staff team, the residents accommodated and particular issues relevant to care practice. The action plans identified in the last report had been addressed except for the major structural issues which are due to be dealt with as part of a major redevelopment of the centre, the timescale for which is not yet available.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre had a well established and well organised administration system. The inspector reviewed a range of documents, including residents' care records, medication records, duty rotas and training records. The inspector found that records were up to date, maintained in a manner that made information easy to access and were up to date.

Nurses wrote an evaluation of care delivered daily and while linked to the care plans in place, the inspector noted that some entries focused on medical and physical care problems and did not describe mental or emotional wellbeing or if residents had participated in any activity during the day.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a policy in place that described the measures in place for the protection of older people. The Trust in Care procedures and the Safeguarding Vulnerable Persons at Risk of Abuse documents were available and accessible to staff. Staff had received training on this topic and they were familiar with the centre's process for reporting and investigating allegations of abuse or misconduct. Staff the inspector spoke to demonstrated a clear understanding of their role in protecting residents living in the centre and had knowledge of the indicators and signs of abuse. Staff were observed to assist residents promptly when they requested assistance or activated their call bells. Residents in the communal areas were supervised and three residents in one unit told the inspector that staff were readily available when they needed assistance.

A safeguarding deficit had been highlighted in relation to the use of hoists during personal care where privacy was noted to be compromised. This was noted to have been comprehensively addressed through education, the provision of more screens for use around bed areas and increased supervision of staff. A detailed safeguarding plan

had been devised and was being adhered to in accordance with the established safeguarding procedures. The matter was discussed at staff meetings to ensure that all staff were aware of how to promote privacy and dignity to appropriate standards and regular checks of practice had been put in place.

Training on the revised procedures introduced by the Health Service Executive was scheduled to take place over the next 2 months. The person in charge is the designated person with responsibility for the investigation and management of adult protection matters in the service.

The inspector observed that advocacy services were available and advised to residents. The person in charge confirmed this and the inspector noted that some residents had used the advocacy service to resolve problems in relation to finances.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

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

**Findings:**

The inspector found that staff had procedures to guide their practice on all aspects of medication management. Safe storage arrangements were in place and the clinical rooms where medication trolleys were stored were secure.

Staff were well informed about the medication in use and residents' medication regimes. The inspector found that resident's medication was reviewed by doctors, specialist services such as mental health and the palliative care team. There was emphasis on ensuring that medication no longer required by residents was discontinued.

Medications that required special control measures were appropriately managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

There was one action outlined in the previous inspection report. This related to inappropriate storage of medication for disposal and return to pharmacy. This action was addressed. Medication for return to the pharmacy is stored separately and stock levels have been reduced as the pharmacy service is now available every day. Nurses placed emphasis on observing residents responses to medication and recorded these

observations in the daily records.

The inspector found that medication management was in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Staff had completed medication management training to enable them to provide care in accordance with contemporary evidenced-based practice. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The prescription sheet included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. In instances where medication was transcribed two nurses signed the administration record or the record was signed by a nurse and the doctor.

A medication error was described as part of the overall concern relayed to HIQA. The inspector found that this error had been identified the next morning by nurses and was advised to the doctor and to the care team involved with the resident's care. The error related to a dose of medication being given from the regular prescription record and not from the "as required" list. Staff identified learning from the error in relation to reading medication records fully and checking the "as required" as well as the regular medications listed before administration. Nursing staff reviewed the medication administration records to assess if any improvements to the layout of the records were needed to prevent future errors. This was not thought necessary and staff are completing further medication management training to ensure appropriate safety standards are in place when medication is dispensed.

**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:**

The inspector found that there were appropriate systems in place to ensure that residents received a good quality health care service. Residents had good access to general practitioner (GP) services and access to other specialist and allied health care services was available and accessible. Residents were noted to have diverse care needs and the majority 80% had been assessed as having maximum or high dependency care

needs. Eighty residents were accommodated across the four units on the day of inspection and one resident was receiving care in hospital.

The inspector reviewed a sample of care records in three units and noted assessments prior to admission had been completed and further assessments of care needs were completed within 48 hours following admission. The arrangements to meet residents' needs were set out in individual care plans which were based on a variety of assessment tools that informed care interventions. For example, assessments for vulnerability to falls, mobility levels, nutrition needs, the potential for pressure related skin damage and moving and handling needs were among the areas assessed. The inspector noted that where an assessment prompted an intervention there was a corresponding care plan to guide staff actions. For example, factors that triggered an admission such as a fall and poor orientation were used to inform a care plan and the plan was noted to include details on how the resident was supported to become orientated to his new environment. In another situation a problem with constipation was addressed by supporting the resident to drink a specific quantity of fluid and to include fibre in the daily diet to improve roughage. Information between hospitals and the centre was noted to be appropriate and complied with regulation 25-Temporary absence or discharge of residents..

Access to physiotherapy, occupational therapy, speech and language therapy, and a dietician were available. Recommendations made by these professionals had been included in care plans and were noted to be followed by staff. Residents who had long term conditions such as diabetes were reviewed at specialist clinics and a diabetic nurse was scheduled to see residents in the centre and review their care regularly from April.

The staff used an evidenced based care plan system to develop care plans. This was noted to be comprehensive and was supported by flow charts where carers indicated the personal care they provided throughout the day.

Social care interests were described and residents and their relatives were encouraged to provide details of past interests, hobbies and lifestyles to inform individual social care programmes. The inspector saw completed Key to Me documents where this information was described. Units had information boards that provided details of the activity programme for the day. The activity varied from unit to unit and included one to one interaction where residents were frail or had communication problems. In addition to the daily activity there were specific events scheduled each month such as music sessions and celebrations for specific events. Recent activities had included a film evening where residents saw Brooklyn and this had prompted many personal memories for residents according to reports from staff.

Fifteen staff had received training in the Sonas apc programme(this is a therapeutic communication activity which focuses on sensory stimulation) and are licensed practitioners. Sonas sessions were noted to be scheduled weekly however the inspector was told that staff availability or changes in the health needs of residents sometimes compromised the number of activity sessions provided. On the day of inspection the inspector saw a music session being facilitated by a member of staff in St. Michael's unit, there was hand massage and nail care underway in St. Catherine's unit and in another unit the information board indicated that a prayer service was scheduled for the

evening period. The inspector concluded that a review of the activity provided weekly should be undertaken as part of the audit of the quality and safety of care delivered to residents to ensure that all areas provided an appropriate level of social care to meet the assessed needs of residents.

Staff were observed interacting with residents in a courteous manner and addressing them by their preferred name. Residents told the inspector that staff that staff took time when providing personal care and also had time "for a chat" during the day.

**Judgment:**  
Substantially 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:**

There were seven action plans in the last report where deficits in the premises were highlighted for attention. The main deficits were:

- Storage for personal possessions was limited and some residents did not have any secure storage space
  - There was limited storage for equipment such as hoists
  - Accommodation for residents was provided mainly in communal bedrooms that accommodated three or four residents and
  - In some units shower and toilet facilities were a distance away from bedroom areas
- These matters remained a challenge for staff and impacted on how privacy and dignity of residents could be promoted. The personal space available to residents was limited and although screens were in place these had been identified as providing poor levels of privacy particularly when equipment such as hoists were in use. There is a refurbishment plan to upgrade the centre's facilities which will address these shortfalls. In the meantime the action plans are repeated in this report.

Other action plans in relation to the premises included insufficient space for residents to meet with relatives or visitors in private and inadequate facilities for residents to access cookers for some activities such as baking. These matters had received attention and improved arrangements were in place. Additional space for visitors had been identified

throughout the centre and access to the kitchen in the occupational therapy area meant that the baking activity could be more appropriately managed.

The storage space for manual hoists had been identified at previous inspections as inadequate. This problem had been addressed by the installation of a tracking system in many bedroom areas which had reduced the need for portable hoists and the storage capacity required.

The inspector noted that residents' personal spaces around their beds had been personalised with photographs, ornaments and pictures but the limited space for chairs and storage which had resulted in some areas becoming cluttered which further compromised privacy.

**Judgment:**

Non Compliant - Major

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

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

**Findings:**

The inspector found that staff numbers and skill mix as described on the rotas provided and available on the day of inspection could adequately meet the needs of residents. An action plan from the last inspection described a requirement to improve night staff levels. This had been addressed and a clinical nurse manager had been added to the night staff allocation. The arrangement was at a settling in phase the inspector was told and clinical nurse managers were rotating from day to night at regular intervals to maintain this allocation.

The inspector found that the provider nominee and person in charge continued to ensure that staff were appropriately trained and had the required competence to undertake their roles. Training on the revised safeguarding policy and on enhancing and enabling well being for people with dementia was being provided during March and April. On the inspection day staff attended a training session on managing incontinence and protecting privacy.

The inspector observed good interactions and warm relationships between residents and staff and found staff to be knowledgeable of the residents in their care.

**Judgment:**  
Compliant

### **Closing the Visit**

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

#### **Acknowledgements**

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

#### ***Report Compiled by:***

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

|                            |                       |
|----------------------------|-----------------------|
| <b>Centre name:</b>        | Sacred Heart Hospital |
| <b>Centre ID:</b>          | OSV-0000654           |
| <b>Date of inspection:</b> | 23/03/2016            |
| <b>Date of response:</b>   | 21/06/2016            |

### 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:

While a nursing record was maintained daily, these records focused mainly on medical and physical care interventions and did not provide a comprehensive nursing record of residents' health and condition.

#### 1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in

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

Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

- Senior management meeting with the CNMs was arranged to discuss the shortfall in the nursing record in regard to the mental or emotional wellbeing of residents.
- The DML Care Plan and the Centre Care Plan for short stay was reviewed. A specific care plan for the well being of residents incorporating mental, emotional state and activities taken part in that day was developed with the stipulation that the plan be evaluated daily and addressed as needed.
- Well Being care plan will be implemented from the 27th June, 2016.
- Audit of the care plan will be carried out three monthly and reviewed as necessary.

**Proposed Timescale:** 27/06/2016

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

**Theme:**

Effective care and support

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

The provision of social care required review to ensure a consistent approach and a regular programme of social care was available across all units to meet the needs of residents.

**2. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

- Assign designated HCA with role in activities to plan, co-ordinate and implement shared activities within the centre.
- Designated HCA activities co-ordinator to continue to liaise with residents through the Residents meetings in relation to planned activities, outings e.g., outing to St. Mel's Cathedral, Longford.
- Allocation of a HCA with specific interest in activities to lead the activities in each area or between 2 areas.
- Planned Timetable for activities to be introduced in all units.

**Proposed Timescale:** 15/07/2016

**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:**

Personal storage for residents was limited. In most instances, residents had a small wardrobe and locker which allowed for the storage of a small amount of personal items and did not enable residents to have meaningful choice of clothing for example. Lockable storage was not available for all residents.

In some units, there were inadequate toilet/shower facilities located near bedroom areas to ensure appropriate accessibility for residents and this also limited how staff could provide appropriate standards of dignity and privacy.

**3. 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:**

Each CNM will discuss with each resident their storage needs available to them. We are in the process of purchasing new wardrobes and drawers for residents with greater space for their personal items. Maintenance has been requested to provide a lockable storage area for each resident and are in the process of implementing this.

A new build has been approved for the centre, for completing by 2021. Consideration will be given for the upgrading of toilet/shower facilities, depending on the start date of the new build.

Proposed Timescale: Unknown in regard to commencement of new build.

**Proposed Timescale:**

**Theme:**

Effective care and support

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

The majority of residents are accommodated in multiple occupancy rooms that accommodate three or four residents and privacy cannot be promoted and protected to appropriate standards.

**4. 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:**

New Screens have been purchased for use with curtains in each unit to improve privacy for each resident as an interim plan while awaiting the new build.

A new 50 bedded build has been approved for the centre, which is due to be completed

in 2021. We are awaiting a commencement date for same.

Proposed Timescale: Unknown awaiting same.

**Proposed Timescale:**