



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Sacred Hearts Nursing Home
Name of provider:	Varna Healthcare Services Limited
Address of centre:	Roslea Road, Clones, Monaghan
Type of inspection:	Unannounced
Date of inspection:	18 August 2021
Centre ID:	OSV-0000156
Fieldwork ID:	MON-0033555

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre provides 24- hour nursing care to residents, male and female who require long-term and short-term care (convalescence and respite). The centre is a two storied building. There are 23 single bedrooms and 9 twin bedrooms with one en suite facility. The aim of the centre is to treat residents with dignity always remembering that each person is an individual.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 August 2021	10:00hrs to 18:30hrs	Nuala Rafferty	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day. The Inspector spent some time in the communal areas in the centre to see what life was like for residents here and spoke with approximately five residents during the day but did not have an opportunity to meet with any relatives or visitors. The inspector found that residents were well looked after and content with their lives in the centre.

From interactions with residents and observations made on the day, it was evident that residents were happy living in Sacred Hearts Nursing Home and that it was a homely and comfortable place to live.

The inspector spent periods of time chatting with residents and observing the interactions between the residents and the staff. A comfortable familiarity was seen to exist between residents and members of staff. Those residents who were more dependent and who could not talk with the inspector, appeared comfortable and did not show any signs of anxiety or distress.

Both residents and staff welcomed the inspector and were happy to talk about their daily life in the centre.

Residents were very complimentary of staff in the centre. Comments included; 'staff here are the best', 'they couldn't do enough for you', 'I would recommend here to anyone'. Others mentioned how quiet life was in the centre during the height of the COVID-19 pandemic and how much better it was now that they could see their families and other visitors. Another mentioned how much they missed the outings to hotels, both locally and in neighbouring counties, where they went to take part in quiz games and enjoy a lovely meal.

Residents told the inspector how they felt involved in the running of the centre with regular meetings of the the residents committee, where residents were encouraged to voice their opinions and make suggestions to improve their lives. Where requests or suggestions were made, these were acted on. The most recent example of this was the change of time for residents' supper, suggested by residents. Those residents the inspector spoke with were also familiar with the person in charge with one saying, 'she was a great nurse you know'.

The inspector was told that a range of individual and group activities were held each day by allocated staff members. An activity programme detailing the planned activities was viewed on the wall in the main activity room and included spiritual, relaxing and reflective activities.

The inspector observed one of the activity sessions, facilitated by the activity co-ordinator who encouraged each of the residents to share their life experiences and memories. The inspector heard the residents talk about their early working life, how lucky they felt to have work and how much they enjoyed it. Residents who were not

joining in these particular sessions explained they preferred the bingo or quizzes and others were enjoying the horse racing on TV.

Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed. Staff were warm and empathetic in their interactions with residents and were respectful of residents' communication and personal needs. The inspector observed staff taking time to communicate with residents as they went about their various tasks.

The next two sections will present an overview of the governance and management capability of the centre and the quality and safety of the service provider and present the findings under each individual regulation assessed.

Capacity and capability

The inspector found that the governance and management arrangements in place were effective and ensured that residents received person centred care and support. The services were delivered by a well-organised team of staff. However, this inspection identified that a number of further improvements were required in some areas as detailed further below.

The centre has a good history of compliance with the regulations and was found to be mostly compliant under the regulations reviewed on the last inspection. The inspector found that the provider had been responsive to these findings and had attempted to address the non-compliances found on the previous inspection, specifically in respect of premises and resident's rights. However, this inspection found that provider's actions were not sufficient to bring the centre into full compliance with these regulations. At the last registration, the size and layout of some bedrooms on the first floor of the centre were found to be limited for meeting the needs of all prospective residents. The provider voluntarily agreed to ensure that only residents, who were independent or with low dependency needs, would be accommodated in these rooms, and this is set out in the statement of purpose.

Consequently, a restrictive condition was attached to the provider's registration certificate in June 2020, that required the provider to address those identified issues to the satisfaction of the Chief Inspector, no later than 31st December 2020. The provider subsequently made an application for this condition to be removed and amended the centre's statement of purpose to reflect that. The purpose of this unannounced inspection visit was to determine the progress made by the provider, in regard to an application made to remove a condition of the registration, so that the Chief Inspector could make a fair and balanced decision on the provider's application to remove a condition. However, as further discussed under Regulation 7 of the Registration Regulations and Regulations 17, 23 and 9 of the Care and Welfare Regulations in this report, this inspection found that further improvements

were required.

Varna Healthcare Services Limited is the registered provider of Sacred Hearts Nursing Home. The management structure consists of the registered provider representative, director of operational services, person in charge, administrator and clinical nurse manager. The daily running of the centre was overseen by the person in charge who was highly visible and was supported by the clinical nurse manager, both were observed to give clear and effective leadership to staff. A continuous and complete monitoring system was in place. It included processes to audit, assess, address and review the delivery of services to facilitate safe supports and quality care provision to residents. There were regular reviews of clinical care and risk indicators such as accidents, incidents or complaints, use of restrictive practices, skin integrity, nutritional status, or rates of infection. These were used to assess the standard of care residents received.

Through conversation with residents and from checking the staff rota, the inspector found that the number and skill-mix of staff were suitable to meet the needs of residents accommodated in the centre on the day of inspection.

Staff had access to a range of on-going training opportunities. The inspector looked at records which showed staff participation at the training. The programme included mandatory annual training courses such as moving and handling, fire safety, infection prevention and control and hand hygiene. The inspector observed staff adherence to good moving and handling practices when assisting a resident with limited mobility, and demonstrated good knowledge of hand hygiene and standard infection prevention and control (IPC) precautions

Residents told the inspectors that they knew how to raise a concern in the centre and felt comfortable making a complaint to any member of staff.

An annual review to report the manner and standard of services delivered throughout 2020 was completed and included feedback from residents and relatives.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

Although the provider had installed an additional shower room on the first floor, this did not fully address all the limitations of the building and was not sufficient to remove the current restrictive condition at this time due to the negative impact on residents quality of life.

The provider had prepared a statement of purpose, which had been updated in July 2021 and forwarded a copy to the Chief Inspector, however, it was found that this most recent document did not give a clear and accurate reflection of all of the services, facilities and layout, of the current designated centre, and required to be revised.

For example, the following were not identified on the statement of purpose;

- On the ground floor- an electrical switch room, a cleaning store and an alcove diagonally opposite the sluice room.
- On the first floor- a domestic store, linen store, cleaners room and reading area with seating at the lift lobby.

The provider had also submitted floor plans to the Chief Inspector as part of the application to vary the conditions of registration.

The floor plans and the statement of purpose did not accord with each other and neither identified all of the rooms currently contained in the footprint of the designated centre.

Also, in a sample of bedroom measurements taken on the day of inspection it was noted that these did not correspond with the room measurements as outlined in the statement of purpose. It was further noted that room measurements were not visible on the floor plans.

The size of all rooms in the designated centre required to be determined and recorded by a competent person with relevant experience and qualifications to ensure that they meet the requirements of the legislation and national standards.

Judgment: Not compliant

Regulation 14: Persons in charge

There was a full time person in charge who met the requirements of the regulations. They worked full time in the designated centre and the inspectors were satisfied that the person in charge was responsible for the day to day management and oversight of the service.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of the number of residents accommodated on the day of inspection, taking account of the size and layout of the centre and included a minimum of one registered nurse present at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A training programme that included all required mandatory training was in place for all grades of staff and records showed that staff had attended the training.

Judgment: Compliant

Regulation 23: Governance and management

The provider was not in compliance with condition 4 of their registration.

Improvements required further to the last inspection in respect of premises to meet condition 4 to the satisfaction of the Chief Inspector were not fully progressed.

Additional resources were required to bring the designated centre into compliance with Registration Regulation 7, Care & Welfare Regulation 17 and The National Standards for Residential Care Settings for Older People in Ireland (the standards).

Judgment: Not compliant

Quality and safety

The quality of service and quality of care delivered to residents was of a high standard. The ethos of care was one where the resident's independence was promoted and their rights were upheld. Overall, the inspector found that residents' rights for choice, self-determination and autonomy were supported and their rights to dignity and privacy were upheld on the day of inspection. Information was available to residents and advocacy services were available. However, structural limitations, restricting the layout in some bedrooms remained which would negatively impact resident's rights to privacy, dignity and choice.

Appropriate processes were in place to protect residents from abuse and these were being implemented. The inspector spoke to several residents and those residents who could voice their opinion said that they felt safe. The inspector also saw that some residents, who could not give a verbal opinion, displayed body language associated with feeling safe.

On this inspection it was found that care records were in the process of being

transferred to a new electronic system, but this was not yet fully completed.

Overall, residents' assessments reflected their needs and the care plans outlined the care they required to meet these needs. They included specific details about the resident's assessed needs, likes and preferences which ensured residents needs were met, in line with their wishes.

There was good access to health care services including, dietetics, speech and language, tissue viability, dental, ophthalmology and podiatry services. Residents also had access to allied health and social care professionals such as, physiotherapy and occupational therapy services; they were also seen by their general practitioner on a regular basis.

Records showed that staff had received up to date training in COVID-19 precautions, prevention of the transmission of the COVID-19 virus and use of personal protective equipment (PPE) and demonstrated knowledge of the principles of training. The inspector observed good practice in respect of infection prevention and control, but some improvement was required in a small number of areas, and is described under Regulation 27.

The designated centre was clean and well maintained and the premises were in a very good state of repair. Some aspects of the premises that needed further attention at the time of the last inspection had since been addressed. An on-going programme of maintenance, repair and refurbishment of the building, furniture and fittings was in place. However, a number of items needed further attention and these are discussed under Regulation 17 Premises.

A risk management policy and risk register were in place which included control measures for identified risks.

There was evidence that all staff were provided with training in fire safety and evacuation procedures, and an external provider was made available to staff for this training. Evacuation procedures to guide staff, residents and visitors in the event of a fire evacuation scenario were posted on the corridors of the centre.

Regulation 17: Premises

The care environment and facilities available did not fully meet residents assessed needs in line with the centre's statement of purpose or conform to all of the matters as laid out in Schedule 6 of the regulations or the national standards:

- The provider had re-purposed a visitor's room to create an additional shower room on the first floor, increasing the total number of showers/bathrooms to three in total. This meant that, in effect the limited communal space available to the residents on the first floor had been further reduced. In the event of residents being unable to access the communal rooms on the ground floor due, for example, to restrictions for public health and safety reasons, access

to communal spaces are limited on the first floor where there are only two communal areas, only one of which was a private space. The size of these communal spaces are only suitable to accommodate up to three people in one area and two in the other at any one time.

- Although the first floor was not occupied to full capacity on the day of inspection, the inspector was not assured that, when fully occupied, there were sufficient facilities on the first floor to meet the needs of 27 residents in line with Schedule 6 or the National Quality Standards for Residential Care settings for Older People in Ireland
- There were a total of 22 bedrooms on the first floor. Of these, nine bedrooms were found to be limited in terms of size, location and layout to meet the needs of residents where those needs require a high level of assistance by staff, the use of assistive equipment or were only accessible to fully mobile residents.
- There were two cleaning rooms available neither contained a stainless steel sink and drainer or suitable locked storage for chemicals.
- The cleaning room on the ground floor did not contain a clinical wash hand basin and the room on the first floor did not have adequate ventilation (either extraction or to the outside air)
- The water flow into the wash hand basin in the sluice room on the first floor did not have a touch free operable mechanism.
- Orientation signage to identify the use of each room in the centre was not in place.

Judgment: Not compliant

Regulation 27: Infection control

The inspector found that some procedures were not fully consistent with the standards for the prevention and control of health care associated infections and the current guidance from the Health Protection and Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance) including:

- Effective systems were not in place to ensure regular effective cleaning of re-usable equipment such as hoists and hoist slings. The inspector was told that slings were washed on a weekly basis, but this arrangement does not provide sufficient assurance to prevent spread of infection.
- Hoist slings were not appropriately stored and some were observed with belts trailing on the floor.
- Wash hand basins, designated as clinical wash hand basins, throughout the centre, required review to ensure they were of correct specifications, readily available in areas where they might be required and in line with best guidance in infection prevention and control.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector noted there were good fire safety processes and resources in place in the centre.

Fire drills, including simulated evacuation scenarios were carried out regularly, however the most recent evacuation drills did not include the evacuation of a full compartment with the minimum staffing levels, however assurances were given to the inspector that plans to recommence these were in place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' assessments were completed and person-centred care plans were in place to reflect the assessed needs. Assessment and care plan reviews took place within a four month period or more frequently if required. There was evidence of residents being involved in the development of their care plan and their review.

Judgment: Compliant

Regulation 6: Health care

Evidence that residents were provided with medical care and health and social care professional interventions as they required in a timely manner was found.

Judgment: Compliant

Regulation 9: Residents' rights

Actions required further to the last inspection to review the layout of bedroom 13 were not addressed. This is a twin bedroom, which, although vacant on the day of inspection, would negatively impact the rights of two residents in terms of privacy dignity and choice if either resident required a moderate, high or maximum level of assistance to meet their personal care needs.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sacred Hearts Nursing Home OSV-0000156

Inspection ID: MON-0033555

Date of inspection: 18/08/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>Early this year following the completion of works relating to the ratio of showers to residents on the first floor of the home, we applied to have the condition removed.</p> <p>Following further discussion with the authority, we have made arrangements to further reduce the numbers of bedrooms on this floor.</p> <p>The work to reduce the bedroom numbers will be complete by the 29th October 2021.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Early this year following the completion of works relating to the ratio of showers to residents on the first floor of the home, we applied to have the condition removed.</p> <p>Following further discussion with the authority, we have made arrangements to further reduce the numbers of bedrooms on this floor.</p> <p>The work to reduce the bedroom numbers will be complete by the 29th October 2021.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A new communal room will be available on completion of the reduction of bedrooms on the first floor. This will be complete and ready for use by the 30th November 2021. • The reduction of bedrooms on the first floor will ensure sufficient facilities for the residents accommodated on that floor. This will be complete by the 29th October 2021. • The bedrooms on this floor vary in size and shape. Some have already been identified as being suitable only for residents with lower requirements in terms of care and equipment. The additional twin room referenced in the report will be reduced to a single occupancy room by the 29th October 2021. • The two cleaning rooms will be upgraded to include a stainless steel sink and drainer as well as a lockable storage area for chemicals. To be complete by the 29th November 2021. • The cleaning room on the ground floor will have a clinical wash hand basin installed and the room on the first floor have the ventilation requirement assessed and actions taken by the 29th November 2021. • The wash hand basin in the sluice room on the first floor will be replaced with a touch free operable mechanism. • Orientation signage to identify the use of each room in the centre is being updated and will be in place by the 29th November 2021. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Each resident who requires the use of a hoist will have a sling purchased for his / her own individual use. This to be in place by the 29th November 2021 • Hoist slings hooks will replace the current hanging arrangements which will keep the slings above the floor. These will be in place by the 29th November 2021. • Wash hand basins will be reviewed to ensure they are of correct specifications, and to ensure that they are in line with best guidance in infection prevention and control. To be complete by the 29th November 2021. 	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: This has been addressed under Regulation 17. The room in question will be reduced from a twin occupancy to a single occupancy. Effective from the 29th October 2021.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 7 (2)	An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition or conditions; (b) where the application is for the variation of a condition or conditions, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition or conditions, the reason or reasons for the proposed removal; (d) changes proposed in relation to the	Not Compliant	Orange	29/10/2021

	designated centre as a consequence of the variation or removal of a condition or conditions, including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the centre that the registered provider believes are required to carry the proposed changes into effect.			
Registration Regulation 7 (3)	A registered provider must provide the chief inspector with any additional information the chief inspector reasonably requires in considering the application.	Not Compliant	Yellow	29/10/2021
Regulation 17(1)	The registered provider shall 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.	Not Compliant	Orange	30/11/2021

Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	29/10/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	29/11/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other	Substantially Compliant	Yellow	29/10/2021

	residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	29/10/2021