Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Residence
Name of provider:	Little Sisters of the Poor
Address of centre:	Little Sisters of the Poor, Sybil Hill Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	19 September 2023
Centre ID:	OSV-0000157
Fieldwork ID:	MON-0038580

About the designated centre

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

Sacred Heart Residence is owned and operated by the Little Sisters of the Poor, and is located near St. Anne's Park in Killester on the northside of Dublin. The centre can accommodate 85 residents, both male and female over the age of 65, with low to maximum dependency levels. Residents are accommodated in 85 single bedrooms, all with full en suite facilities. Other facilities available to residents include sitting rooms, a shop, tea bar and a chapel. The person in charge is supported by the registered provider representative, a chief nursing office, a clinical nurse manager. There is team of registered nurses and healthcare assistants who provide care to the residents in the centre. Allied health professionals are contracted to provide specialist services to the residents in accordance with their wishes and needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	73

How we inspect

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
Tuesday 19 September 2023	09:15hrs to 17:15hrs	Catherine Rose Connolly Gargan	Lead
Wednesday 20 September 2023	08:15hrs to 16:15hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, feedback from the residents was positive regarding their lived experiences in Sacred Heart Residence. The atmosphere in the centre was quiet, unhurried and relaxed and the residents were observed independently or being supported by staff to spend their day as they wished. Residents told the inspector that they were very comfortable, were well cared for by staff and were happy and contented living in the centre.

Some residents told the inspector that they had made the choice themselves to live in Sacred Heart Residence, as they had been living alone in the community and were no longer able to manage independently. One resident said that her friends recommended the centre to her and she was glad she went with their recommendation. Many of the residents who spoke with the inspector complimented the staff caring for them and confirmed they felt safe, secure and confident living in the centre.

Staff interactions with residents were observed to be gentle, patient, kind and respectful throughout the day. Staff demonstrated that they knew residents' individual preferences regarding their likes, dislikes and usual routines well and the residents appeared very comfortable in the company of staff caring for them. Staff were seen by the inspector throughout the day to be regularly checking on residents who were in their bedrooms and this ensured that staff were available at all times if residents needed their help and support.

Following an introductory meeting, the person in charge accompanied the inspector on a walk around all areas of the centre premises. The centre premises was arranged over five floors with residents' bedroom, dining and sitting room accommodation on the first, second and third floors. These three floors were divided into five units; Dom Marmion, Mountain View, St Teresa's, Jon Vianney and St Joseph's. An additional spacious and well used dining room facility was provided on the ground floor.

Residents' bedrooms were single occupancy, spacious and each had full en-suite facilities. Each resident's bedroom was laid out to ensure they had sufficient space to meet their needs including suitable storage space for their clothing and personal items. The inspector visited many of the residents' bedrooms and observed that each resident's bedroom was personalised to a high standard with their photographs, pictures, items of furniture from their homes such as comfortable chairs, bookcases, display units and ornaments and lamps and other memorabilia. Some residents had coffee tables in their bedrooms with easy chairs around them and they enjoyed resting in them while reading and meeting with their visitors and other residents whom they had developed friendships with during their stay in the centre. A number of residents had a mini refrigerator in their bedroom which they told the inspector that they used to keep their drinks cold.

The inspector observed that the majority of residents preferred to stay in their bedrooms when they were not attending the dining rooms for their meals, the activity room to participate in the scheduled group social activities, daily Mass in the chapel on the ground floor or when going out and about in their local community. Some residents told the inspector that their bedrooms were their space with their 'own things' all around them and for that reason, they enjoyed spending 'as much time as possible' in their bedrooms.

Two residents told the inspector that they regularly went out for walks in St Anne's Park across the road from the centre. Other residents spoke about the schedule of social activities that they liked to participate in. All residents who spoke with the inspector said they had 'plenty to do', were 'never bored' and one resident said she didn't realise that she was good at artwork until she tried art sessions in the centre.

Staff ensured that the residents' dining experience was of a good standard and mealtimes were a social occasion and a highlight for most of the residents on the day. The inspector observed residents calling to other residents bedroom to walk with them to the dining room on the ground floor. The atmosphere in the dining room was lively and was filled with residents' chatting and laughing together. The dining tables in all the dining rooms were dressed in white linen tablecloths and a napkin ring was placed on the white linen napkins. Residents had a choice of main course and desert which they told the inspector was 'just delicious', beautiful food' and one resident described their food as tasting 'better than good'.

The residents had access to a well landscaped outdoor garden and a number of residents were observed walking in the garden. Flower beds and pots of flowers were in bloom at the front of the centre and on the outdoor balcony on the first floor. One resident said she always loved flowers and reminisced to the inspector about the times she spent tending her own garden in the community before coming to live in the centre.

Circulating corridors throughout the centre were wide and handrails were available along all the corridors to maintain residents' safety and independence. The inspector observed that residents with mobility needs were well supported by staff to move about the centre safely. However, grab rails were not in place on either side of toilets used by residents. This posed a potential risk of fall to residents and did not promote their independence with using these facilities.

Residents told the inspector that they would talk freely to any of the staff if they were worried about anything or were not satisfied with any area of the service. Residents said that they were always listened to and any issues they ever raised were addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended and to inform the provider's application to renew their registration. The inspector followed up on the provider's progress with completion of the actions detailed in the compliance plans from the last inspections in August 2022 and May 2023.

The inspector found that the provider had completed most of the actions detailed in their compliance plan. However, completion of a number of regulations were still in progress at the time of this inspection. Furthermore some of the non compliant findings were repeated again on this inspection under Regulations 5: Individual assessment and care plan 17: Premises and 28: Fire precautions. The inspector found that increased focus by the centre's management is now required to complete the necessary actions to bring the centre into compliance with the regulations.

Little Sisters of the Poor is the registered provider of Sacred Heart Residence. The person in charge of the centre was appointed in January 2022 and on a day-to-day basis is supported by a Chief Nursing Officer who works from an office in the designated centre and two clinical nurse managers. Other staff resources included staff nurses, healthcare assistants, an activity coordinator, housekeeping, maintenance, catering, administrative and volunteer staff. There were clear lines of accountability and staff were knowledgeable regarding their roles and responsibilities.

There were systems in place to monitor the quality and safety of the service and there was evidence of progression of quality improvements to ensure the quality and safety of the service and residents' quality of life in the centre. However, some audits of key areas were not identifying all deficits that needed improvement. For example, assurances regarding residents' fire safety and that their emergency evacuation needs in the event of a fire would be met were not satisfactory at the time of this inspection. Furthermore, action was found to be necessary to ensure effective clinical oversight of residents' wound care and that residents were appropriately referred for tissue viability and dietician review to support their care needs.

The inspector reviewed the staff rosters and spoke with residents and staff in relation to staffing in the centre and was not assured that adequate nursing staff resources were provided to ensure availability of nursing staff in each unit during the night.

Staff were facilitated to attend mandatory and professional development training but not all staff had attended mandatory training on fire safety and safeguarding residents from abuse. Furthermore, actions were required to ensure staff were adequately supervised to ensure residents were provided with high standards of evidence based wound care and pressure prevention to residents' skin. Training in

prevention of pressure related skin damage and wound care was not provided for staff at the time of this inspection. Therefore, the provider could not be assured that staff had up-to-date knowledge and skills in prevention of pressure related skin damage and care of residents' wounds.

Residents' information and records were held securely and the records as required by Schedules 2, 3 and 4 were maintained and were available in the centre.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Chief inspector as required by the regulations. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was not an agent for any residents' social welfare pensions.

There was a low number of complaints received by the service and procedures were in place to ensure any complaints received were promptly investigated and managed in line with the centre's complaints policy. Advocacy services were available to support residents as needed.

Residents' were facilitated and encouraged to feedback on aspects of the service they received. This feedback was used to inform improvements and the annual review report on the quality and safety of the service delivered to residents. The annual report on the quality of the service had been completed for 2022 in consultation with residents and a quality improvement plan had been developed to address areas identified by the service as needing improvement.

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed needs, having regard for the size and layout of the centre. Staff were knowledgeable regarding the residents' individual needs and residents were assisted with meeting their needs without delay.

Judgment: Compliant

Regulation 16: Training and staff development

Not all staff had completed mandatory training in fire safety, safe moving and handling procedures safeguarding residents from abuse training. The staff training record confirmed that 13 staff had not completed up-to-date training in safeguarding residents from abuse and fire safety training. Eleven staff had not attended up-to-date training on safe moving and handling procedures.

Training in prevention of pressure related skin damage and wound care was not

provided at the time of this inspection. Therefore, the provider could not be assured that staff had up-to-date knowledge and skills in prevention of pressure related skin damage and care of residents' wounds. Furthermore staff practices in prevention of pressure sores and wound management did not reflect best practice and this had not been identified by supervisory staff.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to ensure oversight of the quality and safety of the service provided to residents were not effective in a number of areas. This was evidenced by the following findings;

- Prolonged emergency evacuation timelines had not been identified by the management team.
- Incomplete fire safety equipment checks had not been identified on the provider's own in house fire door checks and therefore had not been addressed by the provider. This posed a risk to residents' safety in the event of a fire in the centre
- Although environmental hygiene audits were being completed, they were not identifying and ensuring that all infection risks were effectively addressed. For example, practices by staff cleaning bed pans and urinals on one floor was not in line with good infection prevention and control practices and posed a risk of cross infection. This was a finding from the inspections in August 2022 and May 2023 and not been adequately addressed by the provider.
- Access by members of the public into residents' accommodation was not effectively controlled and did not ensure residents were appropriately safeguarded. This had not been identified by the provider.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose document reviewed by the provider on 12 July 2023 required some minor revisions to accurately describe the service provided to residents and to ensure that this document referenced the information as required by Schedule 1 of the regulations as follows;

- The information did not accurately reference the specific care needs of residents that the designated centre is intended to meet. For example, the statement of purpose states that the centre does not meet the needs of residents with dementia.
- A number of volunteer staff worked in the centre and details regarding this arrangement were not described in the centre's statement of purpose information.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were sixteen people from the local community involved on a voluntary basis with the designated centre. They were involved in operating the centre's reception area. Each person had their roles and responsibilities set out in writing and were supervised in their roles. All volunteers had completed vetting disclosures in accordance with the National Vetting Bureau in place.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted within the specified time-frames required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies as set out under Schedule 5 of the regulations were up-to-date and were implemented on this inspection.

Judgment: Compliant

Quality and safety

Residents nursing and health care needs were mostly met to a satisfactory standard. However action was necessary to ensure residents' care documentation was kept up-to-date and to ensure clinical oversight of residents' skin pressure prevention and wound care standards. Residents' rights were respected and they were supported to make meaningful choices that had positive outcomes to the quality of their day-to-day lives in the centre.

There was evidence that residents' needs were assessed on admission and their risk of deterioration was regularly monitored. Records showed that a variety of accredited assessment tools were used by staff on a regular basis to identify risk to individual residents of developing pressure related damage to their skin, falling and malnutrition. This information was used to develop care plans to direct staff on the actions they must complete to meet residents' needs in line with their preferences and wishes. However, improvements were required to ensure that pressure related skin wounds that developed were effectively managed in line with evidence based practice. Furthermore, some residents wound care and nutrition care plan documentation was not updated to ensure recommendations made by the dietician and tissue viability specialists were communicated to all staff.

Residents had timely access to their general practitioners (GPs) but there was evidence that follow up referrals of residents who were not responding to treatment plans recommended by tissue viability and dietician specialists was not timely. Residents had access to chiropody, speech and language therapy, the optician and dental services as needed. Residents were also supported to attend out-patient appointments as scheduled.

The layout of the premises met residents' needs and other than painting and repairs needed in a small number of areas, the residents' living environment was well decorated in a traditional style that was familiar to the residents in the centre. Communal sitting and dining room facilities for residents' use were available on all floors except the basement floor. The basement floor consisted of staff facilities, the laundry, storage areas and office spaces. Access between the floors was facilitated by a mechanical lift with a seat and handrails fitted in it for residents' safety and comfort in addition to a stairs between all floors.

Alcohol hand gel dispensers and personal protective equipment (PPE) were also readily available along corridors for staff use and staff were observed to perform hand hygiene appropriately. While hand washing sinks were available in the clinical treatment rooms and in a number of utility areas, these sinks did not meet recommended clinical hand hygiene sink standards.

Measures were in place to ensure residents were protected by safe medicines

management procedures and practices.

Residents were encouraged to be involved in the running of the centre and regular residents' meetings were convened to facilitate this process. There was evidence that residents feedback was welcomed and their suggestions were used to identify improvements in the service.

Staff took a positive and supportive approach with residents who presented with responsive behaviours and demonstrated in their care of these residents that they were aware of the most effective strategies to effectively de-escalate individual resident's responsive behaviours.

Although, there was a number of residents with full-length restrictive bedrails in the centre, the person in charge and staff demonstrated that they were proactively reducing their use. Practices in place reflected the National Restraint Policy guidelines and there was evidence of regular assessment of need and trialling of alternatives to minimise restrictive equipment used.

Residents had access to televisions, radios and newspapers. Residents were well supported to practice their religious faiths and were facilitated to attend daily Mass in the centre.

There was an activities programme facilitated by an activities coordinator with the support of care staff in the units, that ensured residents were provided with opportunities to participate in meaningful social activities that met their interests and capabilities. The social activity schedule which set out a range of small group activities in the activities room was displayed for residents' information. One-to-one social activities were also provided to meet the needs of residents who did not join the activities in the activities room.

Residents were supported to maintain contact with their families and friends and their visitors were welcomed into the centre as they wished.

The provider had fire safety measures and procedures in place to ensure residents were safeguarded from risk of fire. Works were in progress to upgrade the measures in place at the time of this inspection.

While, the provider was upgrading their fire safety measures to protect residents' from risk of fire, assurances regarding residents' timely evacuation to a place of safety in the event of a fire emergency in the centre were not adequate at the time of this inspection. However further information submitted by the provider following the inspection demonstrated that residents' emergency evacuation needs would be met. Actions were also necessary to ensure fire stopping measures were adequate and that checks on fire doors were effective. The inspector's findings are discussed under Regulation 28 in this report.

Infection prevention and control measures were in place and monitored by the management team. The inspector identified examples of good practice in the prevention and control of infection and care was provided in a clean and safe environment that minimised the risk of transmitting a healthcare-associated

infection. New cleaning trolleys were provided that supported a system of cleaning that was in line with evidence based practice. A household supervisor was appointed since the last inspection and maintained oversight of infection prevention and control in the centre. However some further actions by the provider were necessary to ensure that the centre was in compliance with Regulation 27.

There were measures in place to safeguard residents from abuse and residents confirmed they felt safe in the centre, however access to residents' accommodation was not appropriately controlled and posed a potential risk to residents' safety. The inspector observed that the door at the end of the corridor on the ground, first and second floors were open into the lobby area on each floor of an assisted living apartment complex that was not part of Sacred Heart Residence. Furthermore, a number of people who were not resident in Sacred Heart Residence were observed entering and leaving through these open doors as they wished. Staff confirmed that they had seen many of these people before but did not know who they were. The provider forwarded assurances in the days following this inspection that access into the centre was effectively controlled and risk to residents was mitigated.

Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and were supported to maintain control of their personal clothing and possessions and were provided with adequate storage for their belongings.

Residents personal clothing was laundered in the centre's laundry and was returned to them without delay.

Judgment: Compliant

Regulation 17: Premises

The designated centre did not conform to the matters set out in Schedule 6 of the

regulations in the following areas:

- Part of the wall surface was cracked and some of the plaster surface was missing around a door frame into the 'Bin Room' on the lower ground floor. This meant that this wall surface could not be effectively cleaned.
- There was a circular hole in a wall in a communal toilet/shower on Mountain view unit.
- Grab rails were not in place on either side of toilets used by residents. This finding posed a risk of fall to residents and did not promote their independence with using these facilities.
- A ramp to the balcony on St. John Vianney unit had a significant incline and in the absence of appropriate anti-slip measures posed a risk of fall to residents who wished to access this outdoor balcony area.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector found that the following required action by the provider to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.

- A hazardous waste disposal bin was not available in a number of the sluice rooms. This finding posed a risk that waste would not be appropriately segregated.
- There was an open drain covered by a grid at the base of one wall in the laundry where clean laundry was pressed and posed a risk of cross infection.
- A storage rack was not available in a sluice room for storage of decontaminated continence equipment.
- A bedpan decontamination machine was not available in the sluices on the third floor. Practices in place where the contents of disposable bedpans/urinals were manually emptied prior to their disposal into the centre's waste posed a risk of cross contamination and is a repeated finding from the last inspection.
- The hand hygiene sinks available in a number of treatment rooms, sluices, cleaner's rooms and the laundry did not meet recommended clinical hand washing sink standards. This finding did not support effective hand hygiene procedures.
- Boxes of equipment and other items were stored directly on the floor in some storerooms and as such hindered effective floor cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had not ensured that adequate precautions were in place to protect residents from risk of fire. For example;

- The records of weekly fire door checks did not provide adequate assurances that these checks were effective or that the operation condition of each fire door in the centre was checked to ensure any deficits were identified and addressed without delay. The inspector found that there was gaps between and under a number of fire doors at the end of corridors into the fire escape stairs, a fire door between the laundry and the convent and a fire door between the kitchen and the corridor. This finding posed a risk that fire and smoke would not be effectively contained in the event of a fire in the centre.
- Although, simulated emergency evacuation drills were carried out on a weekly basis, they lacked sufficient detail to give assurances that adequate arrangements had been made for timely evacuation of residents to a place in the event of a fire, with the staff and equipment resources available. Furthermore the provider could not be assured that residents' evacuation needs would be met as the the drills referenced evacuation of a resident in one bedroom as opposed to evacuation of all residents within a fire compartment on each occasion. Following the inspection the provider completed a simulated emergency evacuation drill of a fire compartment providing accommodation for the largest number of residents when the least number of staff were available in the centre. The procedure was timely and included sufficient detail to provide assurances regarding residents' safe evacuation.
- The inspector was made aware that a number of fire safety works had taken place and other fire safety work was in progress in line with the provider's fire safety risk assessment that had been completed in 2022. However the centre's management did not have clear and complete information regarding the works that were pending and the level of risk these deficits posed to residents in a fire emergency.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Measures were in place to ensure residents were protected by safe medicines management procedures and practices. Residents had access to a pharmacist who supplied residents' medicines. Medicines including medicines controlled by misuse of drugs legislation were stored securely. Balances of controlled medicines were checked by two staff nurses at change over of work shifts and those checked by an inspector were accurate. All residents' medicines were signed by their general practitioner and were administered as prescribed. Medicines requiring temperature controlled storage were stored in a refrigerator and the temperature was checked daily.

Procedures were in place for return of unused ot out-of-date medicines to the dispensing pharmacy. All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The provider needed to take action to ensure that each resident's health and social care needs were identified and that care interventions required were clearly described in the residents' care plans. In addition, oversight of care in relation to the findings set out below were not robust and did not ensure good outcomes for residents. For example:

- While, comprehensive assessments were completed on each resident's admission, a number of residents' records reviewed confirmed that ongoing assessments and reviews were not comprehensive and did not ensure that residents' emerging needs would be identified promptly.
- Pertinent information regarding recomendations for two residents' care by the dietician were not detailed in either of the residents' nutrition care plans. These recomendations included instructions to modify the frequency and portion size of their meals in addition to provision of 'proactive supervision assistance'. Assurances were not available or observed by the inspector that these recommendations were implemented by staff.
- While, records of food intake was maintained for a small number of residents with unintentional weight loss, these records did not provide sufficient detail regarding the amount of food eaten. This meant that the provider could not be assured that residents were eating the quantities of food as recommended by the dietician and that this pertinent information regarding their food intake was available to the dietician to inform the treatment plans they recommended to support their nutrition.
- Recommendations made by the tissue viability nurse specialist regarding assessment, care and monitoring of two residents' wounds were not accurately detailed in these wound care plans to ensure this pertinent information was communicated to all staff. The inspector found that the frequency of the wound assessments, photographs of wound and wound dressings were not completed as recommended. Furthermore, evidence that a recommendation was completed to check one of these resident's skin every three hours was not available.

Judgment: Not compliant

Regulation 6: Health care

Nursing practices in relation to care of residents' wounds did not reflect a high standard of evidence based nursing care in line with An Bord Altranais agus Cnaimhseachais professional guidelines.

A resident receiving wound care was not referred back for review by the tissue viability nurse specialist as recommended, even though this resident's wound had disimproved.

A resident reviewed by the dietician on 15 June 2022 had not been referred back for further review even though the treatment plan as recommended by the dietician was not effective and they continued to loose weight.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Although, efforts were being made to reduce use of full-length restrictive bedrails for residents in the centre, evidence was not available that bedrails were removed at frequent interval to minimise the time this restrictive equipment was in place. This finding was not in line with the national restraint policy.

Judgment: Substantially compliant

Regulation 8: Protection

Assurances were not available that access by people who were not resident in the centre was controlled. The inspector observed a number of people who were not resident in the designated centre walking along corridors that were part of the centre and leading to residents' accommodation. Doors between the designated centre and independent living apartments were not secured. This posed a risk to residents' safety and was brought to the attention of the centre's management by the inspector at the feedback meeting at the end of the inspection. Satisfactory assurances were received in the days following the inspection confirming that the provider had taken prompt action to mitigate risk to residents and control access to the designated centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were respected and they were encouraged to make choices regarding their lives in the centre. Their privacy and dignity was respected in their lived environment and during care procedures provided by staff in the centre.

Resident's social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities that met their interests and capacities. Residents were supported and encouraged by staff to go on outings with their families and to integrate with their local community.

Residents were supported to practice their religion, and clergy from the different faiths were available to meet with residents as they wished.

Residents were provided with opportunities to be involved in the running of the centre and their views and suggestions were valued. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services if they wished.

Judgment: 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sacred Heart Residence OSV-0000157

Inspection ID: MON-0038580

Date of inspection: 20/09/2023

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**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. Staff who are due their refresher mandatory training (fire safety, safe moving and handling & safeguarding) have now completed this training. 2. Recently recruited employees are scheduled to complete their mandatory training (fire safety, safe moving and handling & safeguarding) by the end of December 2023. Staff on long term sickness will be required to complete mandatory training upon return to work. 3. Training in prevention of pressure related skin damage and wound care for nurses and healthcare assistants commenced on the 13th November 2023 and to be completed for all such employees by the end of January 2024. 4. PIC, CNO and CNMs are to be scheduled for a General Wound Study Day to refresh and enhance their knowledge around pressure related skin damage and wound care by the end of February 2024. 5. Practical workshops will be arranged to supplement the formal pressure related skin damage and wound care training by the PIC by the end of March 2024. 6. PIC will monitor training matrix monthly to ensure all staff have up to date pressure related skin damage and wound care training. 7. All residents with pressure ulcers and wounds will be reviewed daily by the PIC or designate as long as is necessary until compliance with best practice is attained. This will also entail testing staff knowledge of pressure related skin damage and wounds. 8. All pressure ulcers and wounds will be mentioned in communication handovers and any necessary and appropriate interventions and action taken. 9. All wounds will be audited monthly by the PIC or designate until compliance with best practice is achieved. The results will also provide learnings or contribution to any additional training needs. 10. Refresher training on the correct procedures and protocols on the use of sluicing facilities with regard to infection prevention and control will be provided to nurses and healthcare assistants. The target date for completion is end of February 2024.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. Refresher talk planned with nurse management and maintenance team around the type, nature and frequency of fire safety checks to be carried out in the centre. This will include what safety checks to be carried out on fire doors. It will also entail the detail to be recorded on a fire drill. Fire drill will involve different scenarios including an evacuation of the largest fire compartment (not just a bedroom) with night time staffing levels. All drills to be timed to ensure safe evacuation times are achieved. Designated persons will be assigned to the various fire staff checks who will report directly to the PIC upon completion. Fire safety register to be monitored by the PIC monthly to ensure fire safety checks are completed. Completion date: Feb 29th 2024.
2. The four set of doors between the designated centre and the independent living apartments have controlled access installed. Residents in the independent living apartments are required to sign in/out at the main reception in the designated centre to avail of meals on the ground floor and to partake in activities in the concert hall, which is also on the ground floor. Visitors to the independent living apartments are required to enter the building at the entrance of the independent living units at the school end by activating the doorbell where they are buzzed in and sign in/ out.
3. The non-compliance identified in the report in relation practices not in line with good infection prevention and control practices is set out under Regulation 27 below.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose (SOP) has been amended to state the following:
1. Volunteers: The centre engages volunteers in the delivery of the service to residents. Volunteers provide staffing coverage at the main reception, provide activities to residents and assist during meal times. All volunteers are Garda vetted and partake in mandatory training e.g. safeguarding, fire safety, infection control etc. Volunteers are supervised by the nurse on duty on each unit and are accountable to the person in charge. (Pg.32, Ver. 23.0)
2. The centre caters for a number of different categories of resident. The majority of our residents are long–term, in other words, Sacred Heart Residence is their home. The centre provides care to residents with a diagnosis of dementia provided it can meet their care needs after the pre admission assessment. The other categories of care include

convalescent care, respite care and palliative care.
(Pg. 34, Ver. 23.0)

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. The cracked wall surface missing some plaster around a door frame into the 'Bin Room' on the lower ground floor hs been made good on the 29th September 2023.
2. The circular hole in a wall in a communal toilet/shower on Mountain view unit was also repaired on the 29th September 2023.
3. The identified ramp to the balcony on JV unit has a significant incline and the proposed suugestion to fit appropriate anti-slip measures will not address the risk posed as the ramp gradient is not in complance with regulation nor is it possibe to make it compliant. Accordingly, this access requires to be decommissioned without delay.
4. Environment audits to be carried out by Household Supervisor every month on the ground, 1st, 2nd and 3rd floors and provided to the PIC for action while two monthly audits to be carried out on the lower ground floor. This practice to commence on the 1st January 2024.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The inspector found that the following required action by the provider to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.
1. Hazardous waste disposal bins have been installed in sluice rooms where there was not one in place.
2. The open drain grid cover in the laundry area has been fully covered on the 23rd November 2023.
3. A storage rack has been installed in a sluice room where one was not in place for storage of decontaminated continence equipment.
4. The centre wil review the sluicing facilities on the third floor to come into compliance with Regulation 27 and Standard 2.7.17 of the National Standards for Residential Settings for Older People (2016) to include installation of a bedpan decontamination machine. Refresher training on the correct procedures and protocols on the use of sluicing facilities with regard to infection prevention and control will be provided to nurses and healthcare assistants. The target date for completion is end of Feburary 2014.

5. The centre is committed to installing hand hygiene sinks in accordance with HBN Note 00-10, Part C Sanitary Assemblies, in a number clinical areas as identified in the inspection report commencing with the treatment rooms. The target date for completion is end of April 2024.
6. Boxes of equipment and other items being stored directly on the floor in some storerooms have been removed and placed on shelves.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. Refresher talk planned with nurse management around the type, nature and frequency of fire safety checks to be carried out in the centre. This will include what safety checks to be carried out on fire doors. It will also entail the detail to be recorded on a fire drill. Fire drill will involve different scenarios including an evacuation of the largest fire compartment (not just a bedroom) with night time staffing levels. All drills to be timed to ensure safe evacuation time are achieved. Designated persons will be assigned to the various fire staff checks who will report directly to the PIC upon completion. Fire safety register to be monitored by the PIC monthly to ensure fire safety checks are completed. Completion date: Feb 29th 2024.
2. The fire doors as identified in the report have been repaired on the 11th November 2023. An annual fire door audit by an external consultant commenced on the 24th October 2023 and completed on the 27th November 2023 and any non-compliances are being addressed.
3. Following the inspection, a Zoom meeting at the request of the Authority took place with the provider whereby the centres fire consultant was present and set out the fire safety works completed to date by the centre and outstanding works remaining with a timeline for completion. Documentation was provided to the Authority to support matters.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
1. Care plans have been reviewed and updated to include detailed instructions made by the dietician regarding food modification, frequency and portion size. Records of food intake including details of how much the resident has eaten is now being maintained. Wound care plans were reviewed and updated to reflect detailed instructions of the TVN recommendations such as frequency of assessment, wound dressing, repositioning and

photographs are taken each time the dressing is changed. This information is communicated to staff at handover with a designated staff member to amend the care plan to ensure the residents emerging needs are addressed appropriately.
2. Monthly audits using an evidence based audit tool will be completed by the PIC or designate on 10% of care plans.
3. Residents whose care needs are changing/emerging or who are in receipt of a visit from an allied professional or their GP will be discussed at handover and assigned a designated employee for follow up action. The employee is obliged key the PIC or designated updated.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
1. All residents with pressure ulcers and wounds will be reviewed daily by the PIC or designate as long as is necessary until compliance with best practice is attained. This will also entail testing staff knowledge of pressure related skin damage and wounds.
2. All pressure ulcers and wounds will be mentioned in communication handovers and any necessary and appropriate interventions and action taken.
3. All wounds will be audited monthly by the PIC or designate until compliance with best practice is achieved. The results will also provide learnings or contribution to any additional training needs.
4. TVN referral will be sent for all wounds regardless of Grade and if not improving.
5. Visits and recommendations from allied professionals will be logged and discussed at handover to ensure they are amended in the residents care plan and executed in the care delivery. The PIC or designate with review visits from allied professionals to ensure the care plan has been amended following recommendations.
6. All residents with pressure ulcers and wounds will be reviewed daily by the PIC or designate as long as is necessary until compliance with best practice is attained. This will also entail testing staff knowledge of pressure related skin damage and wounds.
7. Training in prevention of pressure related skin damage and wound care for nurses and healthcare assistants commenced on the 13th November 2023 and to be completed for all such employees by the end of January 2024.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The centre will undertake a review of the use of full length restrictive bedrails in place in

conjunction with resident input and national guidelines. This review and any identified actions to be completed by the 29th February 2024.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: 1. The four set of doors between the designated centre and the independent living apartments have controlled access installed. Residents in the independent living apartments are required to sign in/out at the main reception in the designated centre to avail of meals on the ground floor and to partake in activities in the concert hall, which is also on the ground floor. Visitors to the independent living apartments are required to enter the building at the entrance of the independent living units at the school end by activating the doorbell where they are buzzed in and sign in/ out.

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
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	29/02/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/02/2024
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.	Substantially Compliant	Yellow	31/12/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	29/01/2024

	effectively monitored.			
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	30/04/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	29/02/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	29/02/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	29/02/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated	Substantially Compliant	Yellow	31/12/2024

	centre concerned and containing the information set out in Schedule 1.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/12/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/12/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in	Substantially Compliant	Yellow	31/12/2023

	paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 7(3)	The registered provider shall 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.	Substantially Compliant	Yellow	29/02/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/12/2023