



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

Issued by the Chief Inspector

Name of designated centre:	Sacré Coeur Nursing Home
Name of provider:	Sacré Coeur Nursing Home Limited
Address of centre:	Station Road, Tipperary Town, Tipperary
Type of inspection:	Unannounced
Date of inspection:	14 May 2024
Centre ID:	OSV-0000278
Fieldwork ID:	MON-0043556

About the designated centre

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

Sacre Coeur Nursing Home is a facility which can accommodate a maximum of 26 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre provides nursing care for a variety of residents, including those suffering from multifunctional illness, and conditions that affect memory and differing levels of dependency. Given the design and layout of the building and the fact that the second floor is currently accessed by a stair-lift, it may not always be possible to accommodate every level of dependency or a particular request for care. Equally, if a resident's dependency level increases, it may become necessary with prior consultation and permission to move the resident within the building. The service employs a professional staff consisting of registered nurses, care assistants, maintenance, and laundry, housekeeping and catering staff.

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
Tuesday 14 May 2024	12:00hrs to 16:00hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The inspector arrived to the centre at midday and was welcomed in by staff. The person in charge and registered provider were present in the centre and facilitated this short inspection. The inspector spent time speaking with residents and staff to gain specific information in relation to the residents' lived experience in the centre, include their access to communal spaces for dining and activation.

The inspector observed the lunch time experience in the centre and found that it had improved somewhat since the previous inspection. Notably, there were now two sittings, meaning there should be more opportunities for residents to attend the dining room for meals. Staff explained that the first sitting was to accommodate residents who may require more assistance with their nutritional intake, and the second sitting was for residents who were more independent in this regard. Nonetheless, the inspector found that the majority of residents still remained in their rooms at mealtimes. One resident, who was on the upper floor, said that they enjoyed keeping to themselves in their room. They described the staff as "worth their weight in gold", and said they always checked in on them when they were in their room. The inspector saw residents accessing Internet and telephone services from their bedrooms. Residents said they were happy in their rooms and did not mind not going to the dining room. When questioned, one resident said they were used to being in the room and would not bother going back to the dining room.

The inspector spoke to residents about the activities held in the centre. One resident said they were offered the opportunity to join in the activities, and that they always joined in when there was music or Bingo on. There was a schedule of activities in place, which was led by a dedicated member of staff each week day. On the day of inspection, there was a small group of residents who took part in chair-based exercise in the morning, and Bingo in the afternoon. Between these times, there was an impromptu sing song with some visiting students from the local secondary school which residents enjoyed. There were quieter times during the day where resident sat in the sitting room having a cup of tea and watching TV. There was a relaxed atmosphere in the centre.

The inspector saw that there was a small number of residents who remained either in bed, or in their room all day. Staff told the inspector that some of these residents were unable to get up every day due to their physical conditions. The inspector verified this in a number of residents' care plans, which detailed the residents abilities and the arrangements to ensure that they were assisted to get up and out of bed on certain days. There was sufficient staff on duty to ensure that residents' needs were met when they remained in their room. There were systems in place to ensure that these residents received adequate support with their oral intake and personal care. It was clear that staff knew the residents well, and that that care was delivered in accordance with the capabilities of the residents. Staff said that they knew which residents preferred to stay in their rooms, and that they would visit these residents during the day to chat or carry out one-to-one therapies such as

hand massage.

The majority of feedback from the residents was very positive regarding life and care in the centre. This was echoed in residents' meeting minutes, and resident and family surveys. Some residents were aware that the communal spaces in the centre were limited. One told the inspector "there isn't much room in the sitting room, I prefer to watch TV in my room, because I can choose what I want to watch". One resident said that the sitting room was lovely, and decorated nicely, but again they preferred to stay in their room as it was "quieter and there was more comfort". One resident commented that it was lovely to have the private visiting room to meet people.

The next two sections of this report discuss the capacity and capability of the service, and how this impacts upon the quality and safety of care and support provided to residents.

Capacity and capability

This was an unannounced, focused inspection to follow up on issues identified during the previous inspection on 20 February 2024. At that time, assurances were not fully provided that the systems in place to ensure oversight of key areas of the service were safe, appropriate, consistent and effectively managed. This inspection found that the provider had implemented a number of new systems to increase compliance across the regulations. Nonetheless, the overall premises continued to pose challenges in terms of the availability of communal space and storage space.

Sacré Coeur Nursing Home Limited, a limited company comprising of two company directors, is the registered provider of Sacré Coeur Nursing Home. The directors are both fully engaged in the day to day running of the service, one of whom works full time in the centre. There are clear governance and management arrangements and a defined management structure to support the provision of safe care to residents. The person in charge works full time in the centre supported by a team of nursing, healthcare assistant, catering, domestic and activity staff.

During the previous inspection, it was noted that the small size of the premises had presented challenges, in particular in relation to the availability of communal and dining space for residents. The registered provider had taken steps to address the findings including conducting a comprehensive audit and review of resident access to communal spaces. This included discussions with residents and their nominated representatives to assess their individual requirements and current access to the dining and sitting room facilities. As a result of the findings, the registered provider had made changes to the timings of meals and had commenced two separate sittings for meals, to ensure that more residents were afforded the opportunity to come to the dining room for a more enhanced dining experience.

The registered provider had submitted an application to renew the registration of

the centre. This inspection was conducted to assess the application and in particular to determine if the premises was fit for its intended purpose. There are 26 beds in the centre and all were occupied on the day of the inspection. During the previous registration cycle, the Chief Inspector had engaged with the registered provider, to discuss ways to improve the access to communal space for residents, and thereby improve the quality of life for residents. Previous commitments by the registered provider to add additional communal space had not materialised. This left the total communal space per resident at approximately 2.4m² per resident, well below the 4m² as set out in the National Standards. This is discussed further in the Quality and Safety section of the report.

The inspector reviewed the centre's compliance plan which detailed the actions taken to address the issues identified during the previous inspection. The inspector found that a number of actions had been completed, specifically:

- a full review of governance systems was undertaken to identify the reason for the failure to submit required notifications. This included an audit covering notifications from 2022 and 2023. Following the audit, procedural changes had been implemented to ensure the timely submission of notifications. A time-bound plan was in place to comprehensively address the submission of notifications at regular intervals.
- the registered provider conducted a comprehensive review of the COVID-19 outbreak including management processes, to ensure preparedness for any further outbreaks and identify opportunities for learning.
- oversight of behaviours that challenge had significantly improved, with a strong focus by management on increasing staff knowledge, including ensuring attendance at training specific to this area
- the findings of the previous report in relation to fire safety had been addressed through an review of procedure in the centre by an external suitably qualified person, who was engaged to carry out a review of the storage of oxygen. Changes to storage were made following this review and risk assessments updated.

Regulation 23: Governance and management

Action was required to ensure that the premises met the collective and individual needs of the residents. The current issues, as outlined under Regulation 17 : Premises, and the subsequent impact of these issues, as described under Regulation 9: Residents' rights, were repeated findings across a number of inspections. Previous commitments by the registered provider to improve communal space had not been achieved.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The log of incidents and accidents occurring in the centre was reviewed by the inspector. Since the previous inspection, All required notifiable incidents had been submitted to the office of the Chief Inspector within the required time lines.

Judgment: Compliant

Quality and safety

Overall, the standard of care delivered in the centre was very good, and since the previous inspection, efforts had been made to improve compliance with specific areas of resident care, for example the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). While some premises-related issues had been addressed, other premises concerns required continued action to ensure a suitable premises for residents.

Bedroom accommodation is comprised of six single, seven twin and three triple-occupancy rooms. The registered provider had reconfigured the centre's two triple rooms to ensure that they met the requirements of the regulations in terms of the layout and configuration of the rooms, and these rooms now supported the privacy and dignity of the residents accommodated in them.

Twin-occupancy rooms provided 7.4m² of floor space per resident, and were laid out to meet the current needs of the residents on the day of inspection. Of note, it would be difficult to accommodate residents who required assistive devices such as hoists in these rooms. The twin rooms were all on the upper floors of the centre, and this presented challenges should a resident's condition change significantly and they be unable to use stairs or stair-lift to access the communal areas of the ground floor. When this did occur, there was evidence that the registered provider had taken steps to relocate the resident to a ground floor room, which is the process set out in their Statement of Purpose. On some occasions, the resident did not wish to be moved and those wishes were well-documented with evidence of consultation with the resident and their nominated representative. The inspector examined the fire-evacuation requirements of residents on the upper floors, and found that these had been updated with changes in the residents' condition, and the new plans for evacuation were clearly outlined. Staff stated that they had practiced the routes for evacuation from the upper floors via the external escape stairs.

Storage within the centre continued to be an area for requiring further action. On the day of inspection, there were a number of items stored on the corridors and in communal bathrooms inappropriately. This was a repeat finding, despite the provider having outlined in their compliance plan that all unnecessary equipment

had been removed from the bathrooms and an alternative storage space for the hoist had been identified. This is discussed further under Regulation 17: Premises.

In relation to the provision of additional communal space, the registered provider had committed in their compliance plan following the previous inspection in February 2024 to achieving this. The inspector verified that an architect had been engaged in the process to review the existing planning permission with a view to a modification to create additional communal space in the centre. The architect had recently attended on site to complete the initial review and the registered provider was awaiting their recommendations.

Resident rights were found to be valued and upheld in the centre. Residents opinions were sought and respected through resident meetings and satisfaction surveys which were incorporated into the centre's annual report on the quality and safety of care delivered to residents. Residents were provided with a variety of recreational opportunities, albeit in small groups, and residents had access to television, radio and magazines. Arrangements for accessing an advocacy service were displayed in the centre and advocacy was discussed at residents meetings.

Regulation 17: Premises

While the overall premises were well-maintained, there was insufficient communal and storage space in the centre. While the arrangements for access to communal spaces had improved since the previous inspection, the availability of these spaces continued to be below the minimum standards, which impacted on how residents spent their time in the centre.

While two separate sittings were available for mealtimes, use of the dining room remained low. For example, only nine residents attended the dining room for their main meal; three at the first sitting and six at the second. One resident was assisted with their meal in the sitting room. This meant that 16 residents stayed in their bedrooms at lunchtime. Management said that many of these residents chose to stay in their room, and this was verified by the inspector through conversations with these residents. Other residents were unable to attend the dining room due to their clinical presentation on the day of the inspection.

Equipment such as wheelchairs, hoists, weighing scales and linen trollies were stored inappropriately along corridors and communal bathrooms. A hoist was stored in a bedroom, which is inappropriate. This was moved on the day of inspection. Storage throughout the centre continues to require review to ensure that it is appropriate and sufficient.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff had up to date knowledge and skills, appropriate to their role, to manage and respond to responsive behaviours in residents. There were established systems in place in relation to responsive behaviour, including detailed plans of care which explained the triggers to the behaviours and the methods to minimise the behaviour. Restrictive practices were only used in accordance with national policy, and the centre's own local policy.

Judgment: Compliant

Regulation 9: Residents' rights

Communal space was limited which impacted on the residents choice of areas for social activation. For example, not all residents could be accommodated in the communal areas at the same time. Activities were held in smaller groups due to the lack of available space.

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	
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sacré Coeur Nursing Home OSV-0000278

Inspection ID: MON-0043556

Date of inspection: 14/05/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Management has already commenced the process to achieve compliance with communal space requirements as per our obligations under Regulation 23.</p> <p>Refer to response under Regulation 17 Section.</p> <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>As per our Compliance Plan for our February 2024 inspection we have:</p> <ol style="list-style-type: none"> 1) Identified alternative storage areas and configuration of these areas will be completed by August 2024. 2) An Architect appointed and he has carried out an inspection of the property with a view to adding additional communal space. Architect report is due by end of July 2024 and subsequently we will: <ol style="list-style-type: none"> a) Prepare and submit the planning application b) Carry out a viability assessment of proposed planning approval c) Completion of works 	

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

We have outlined in above Regulation 17: Premises, management's plans to increase communal space.

A full review has been completed and management are satisfied that all residents have access to activities as and when they wish.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

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 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	30/11/2025
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 effectively monitored.	Substantially Compliant	Yellow	30/11/2025
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	30/11/2025

