



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

Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Nursing Home
Name of provider:	Sacred Heart Nursing Home Limited
Address of centre:	Crosspatrick, Johnstown, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	11 June 2024
Centre ID:	OSV-0005557
Fieldwork ID:	MON-0039331

About the designated centre

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

This centre has been managed by the registered provider since 1984 and has undergone a number of considerable extensions and improvement works since then. The provider is Sacred Heart Nursing home Limited, and the company directors are family members. The centre is situated in a rural setting approximately 1.6kms from Crosspatrick, 3.9 kms from Urlingford and 3.7 kms from Johnstown. The centre provides care and support for both female and male adult residents aged over 18 years. The centre provides care for residents with the following care needs: general care, respite care, conditions associated with advancing care, and dementia specific care. In addition, the service provides support and care for residents with mental illness, or residents in need of rehabilitation and convalescent services. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. The centre also supports some residents who have been assessed as independent. There is a Senior Occupational Therapist based on site who works as part of the management team of the centre. The centre currently employs approximately 38 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, activities and maintenance staff. Resident's private accommodation is provided in three wings. It comprises of a total of 23 single bedrooms with ensuite facilities, two twin bedrooms with ensuites, two single bedrooms, three twin-bedrooms, three three-bedded rooms and one four bedded room do not have ensuite facilities. All bedrooms have flat screen TV's, telephone points, wash hand basins and are wheelchair accessible. There is a small oratory that is available to residents for quiet reflection and prayer. There is a treatment room, a separate kitchen located off the main dining room and a laundry room. There is also a large sitting room, a second smaller sitting room, three dining rooms, and a smoking room complete the accommodation in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
--	----

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 11 June 2024	09:00hrs to 17:15hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in Sacred Heart Nursing Home. There was a friendly and welcoming atmosphere in the centre, and staff were observed to be helpful and respectful towards residents. The inspector met many of the residents during the inspection and spoke with 13 residents in more detail. Residents spoken with were very complimentary of the staff and the care they received, with one resident saying staff are "100%". It was evident that the staff members knew the residents' needs and particular behaviours well. Visitors spoken with were also happy with the care provided and reported that the management were very responsive if any issues arose.

Following an opening meeting with the assistant director of nursing, the operations manager accompanied the inspector on a tour of the centre. Sacred Heart Nursing Home is located in a rural setting just outside of Crosspatrick, Kilkenny. The centre has had number of extensions since it was originally built in the 1980's. It is registered to accommodate 48 residents and provides long-term residential care, short-term residential care, respite residential care and convalescence care services to adults over 18 years of age. There were 47 residents in the centre on the morning of the inspection, with one vacancy.

Residents were accommodated over one floor, where there were 23 single occupancy bedrooms and two twin occupancy bedrooms, all of which were en-suite. There were also two single occupancy bedrooms, three twin occupancy bedrooms, three triple occupancy bedrooms and one four-bedded occupancy bedroom, all with access to shared bathroom. Some residents bedrooms were homely, comfortable, personalised with photographs, pictures, art and items of significance belonging to the residents. However, there was a variation of personalisation of some shared bedrooms. Each resident had a bedside locker which could be locked, a wardrobe, seating, call bell and television facilities in their bedroom. There was mixed feedback from residents about their bedrooms. Residents in single occupancy bedrooms told the inspector they were very happy with their accommodation. While some residents in shared bedrooms said their room was "alright" and noted this can be impacted on who they are sharing with. However, residents reported that if they raised an issue about their bedroom with the management in the centre, they were very responsive and worked to resolve this.

The centre's design and layout supported residents' free movement and comfort, with sufficient handrails and armchair seating within communal areas. Communal space consisted of two large sitting rooms, an oratory, a library and two dining rooms. The larger sitting room located near the reception was a hive of activity throughout the day of inspection. It was an open area and used for more lively activities. Next to the sitting room there was also a door which lead out onto a secure patio garden area. The patio was clear from debris and had freshly planted

pots and hanging baskets throughout. This was also used as smoking area for residents and had a call bell.

The second sitting room was located on the other side of the centre with a conservatory and was used for residents who wished to have a quieter space to relax. It was spacious and bright with newly replaced windows which gave residents a view of the manicured mature gardens surrounding the centre. Activities also took place in this sitting room on the day of inspection. Residents could freely access both sittings rooms if they wished.

One of the dining rooms had large windows facing out onto a private internal garden which could be accessed through the conservatory connected to the dining room. Menus were available on each table for residents to choose their meals from. There was also a large pictorial menu at the entrance of the dining room for residents. Lunchtime was observed to be a very social occasion with residents sitting with their friends and chatting with each other. As well as the two dining rooms, some residents ate in the sitting rooms where staff provided discreet and respectful assistance where required. Other residents choose to eat in their bedrooms, as their preferred choice.

Overall, residents spoken with said the food was very good, there was plenty of it and that there were lots of options for them to choose from. Staff gave residents a choice of what they wanted to eat and if they changed their mind this was responded to quickly. Residents were offered different meal size portions to suit their needs and asked if they wanted more food when they finished their meals.

Throughout the day, staff interactions with residents were observed to be patient and kind. Staff and management were very familiar with the residents' needs. Both staff and residents chatted fondly with each other throughout the day. Residents were observed to be receiving visitors with no restrictions and those spoken with said they thoroughly enjoyed having people coming in to see them.

There was a programme of activities scheduled for residents throughout the week. On the morning of the inspection, residents were listening to music while doing art in both sitting rooms. Residents proudly showed the inspector their art work which they hope to show at an exhibition. Other residents who did not want to do art were observed to be reading newspapers and chatting with each other in a very relaxed atmosphere. Later in the morning residents watched Mass on the television. In the afternoon in one sitting room, several residents were doing some gardening work, filling large plant pots with flowers to decorate the centre. In the other sitting room, residents were singing and toe tapping to music with staff joining in.

Overall, the premises was generally clean and tidy, however, there were some areas of wear and tear in parts of the centre. For example, some of the corridors, doors, door frames and an assisted bathroom had paint damage. The provider had identified this and there was a maintenance schedule in place. The inspector also observed some improvements in the premise. New windows had been installed in the sitting room with the conservatory, new tiles had been installed in the kitchen and the heating system had been upgraded in one part of the centre.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre. A clear management structure was in place and the registered provider had systems to support the provision of a good standard of evidence-based care. Notwithstanding the management systems in place, some further action was required to ensure all management systems were effective. Other findings on the day showed that action was required in assessment and care planning and complaints. This will be discussed later in the report.

This inspection was unannounced to assess compliance with regulations and was carried out over one day by one inspector. The inspector found that the actions identified from the previous inspections' compliance plan had been addressed. During the day, the inspector spoke with many residents and some visitors to gain an insight into their lives in the centre. The inspector also observed interactions between staff and residents and reviewed documentation.

Sacred Heart Nursing Home Limited is the registered provider for the designated centre, which is family owned and operated by three directors. Two of the directors are also the person in charge and the operations manager who manage the centre on a day-to-day basis. The third director is also in the centre on a day-to-day basis. It was evident that all three directors are very well-known to the residents and they demonstrated a commitment to providing a good quality service for the residents. There was a clear line of accountability and responsibility throughout the nursing home team and sufficient resources available. Other staff members included an assistant director of nursing, a clinical nurse manager, nurses, healthcare assistants, an activity co-ordinator, catering and domestic staff and maintenance staff.

The registered provider had audit and monitoring systems in place to oversee the service. Some audits, like the incident/accident review and the falls audit identified actions for quality improvement, were assigned to a responsible person, with times for completion noted. However, while the audit schedule was in place, some audits needed to be sufficiently robust to identify key areas for improvement and implement plans that would affect change, such as, call bell audits. For example, the call bells audits completed were call bell spot checks which were done during the day and no record was kept of checks completed at night. Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations including governance meetings, restraint committee meetings, nurse meetings and staff meetings.

The provider clearly displayed the complaints procedure in the centre. The centre had an up-to-date policy guiding complaints management, and there were

advertisements for advocacy services to support residents in making a complaint. The provider had records of how complaints had been managed in the centre and residents said they could raise a complaint with any staff member. While good systems were in place, some improvements were required to fully comply, which is discussed under Regulation 34.

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was an established governance and management structure in place and all staff were aware of their respective roles and responsibilities.

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents.

An annual review of the quality of the service in 2023 had been completed in consultation with residents and their families.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed within the last year and this updated copy was available for review. Overall, it contained all the information outlined in Schedule 1, for example, the service to be provided and details about the management team.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents that were required to be notified to the Chief Inspector were notified.

Judgment: Compliant

Regulation 34: Complaints procedure

While the centre had comprehensively managed formal complaints received, the complainant was not provided with a written response informing them if their complaint was upheld or not, the reasons for that decision, details of any improvements recommended and details of the review process.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirement of Schedule 5 of the regulations. The inspector saw that these were updated every three years as required.

Judgment: Compliant

Quality and safety

Overall, residents were provided with safe care and services by a management and staff team who were focused on improving residents overall well being while living in the centre. Residents' independence, privacy and dignity were upheld through staff policies and practices and residents' told the inspector that they felt safe living in the centre. Notwithstanding the positive feedback, some action was required in relation to assessment and care planning.

A sample of care plan documentation was reviewed. Residents' social and health care needs were assessed using validated tools and person-centred care plans were in place. Overall, improvements were observed with care plans since the last inspection. In general, care plans were individualised and detailed to guide staff practice. However, the inspector found that some further action was required which is outlined further under Regulation 5: Individual assessment and care plan.

Residents with communication difficulties had personalised care plans in place and staff were aware of their specialist communication needs. Assistive technology was in place for those who needed it.

Measures were in place to ensure that residents approaching the end of life would receive appropriate care and comfort to address the physical, emotional, social, psychological and spiritual needs of the resident. Residents family and friends were informed of the residents condition and permitted to be with the resident when they were at the end of their life.

Overall, the premises was in a good state of repair and met the needs of residents. The centre was found to be warm and bright with a variety of communal areas observed in use by residents on the day of inspection. Since the last inspection the registered provider had made improvements to areas of the centre and completed the actions detailed in their compliance plan. The windows in one of the sitting rooms and the tiles in the kitchen had been replaced. An upgraded heating system had been installed in part of the centre and the laundry rooms were observed to be clean and tidy. Laundry had also returned to being outsourced. When laundry returned it was sorted by staff in the centre and returned to residents. However, the inspector observed that some areas of the centre were not maintained to the same standard as others. This had been identified by the registered provider and a maintenance schedule was in place.

Improvements were also observed with fire safety. Additional emergency lighting had been added to a corridor near the laundry, fire seals in fire doors and all cross fire doors had been reviewed by an expert. Where required, fire seals had been replaced and all cross fire doors were closing without issue and held open by appropriate mechanisms. Residents whose preference was to have their bedroom door opened at night were provided with a door guard and this was written into the residents personal emergency evacuation plan (PEEP) which staff were aware of.

Regulation 10: Communication difficulties

Residents who were identified on assessment as having communication difficulties were facilitated to communicate freely. Specialist communication requirements were documented in care plans and was clear, concise and personalised. Staff were knowledgeable of residents who had communications difficulties.

Judgment: Compliant

Regulation 13: End of life

Residents who were approaching the end of their life had appropriate care and comfort based on their needs. There was a policy in place to ensure residents end of

life wishes were documented and individualised in their care plan. Residents preferences to return home or have a private room were considered and recorded in the residents end of life care plan. The inspector was informed that where the resident wished to have a private room, where possible the resident would be moved to accommodate this.

Judgment: Compliant

Regulation 17: Premises

In general, the premises was in a good state of repair with a maintenance schedule. The inspector observed that some areas of the centre had wear and tear with damaged paint in the corridors, door frames, hand rails and an assisted bathroom. However, this was scheduled for repair.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that when the resident was transferred to and from the hospital, all relevant information about the resident was provided to the receiving hospital. Similarly, when the resident returned to the centre, the person in charge took reasonable steps to ensure all relevant information about the resident was obtained from the hospital.

Judgment: Compliant

Regulation 28: Fire precautions

A full review of the adequacy of emergency lighting throughout the premises was conducted by a competent person to ensure that it supported the evacuation of residents in the event of a fire. Additional emergency lighting was installed in a corridor leading from the smaller sitting room down to the laundry area. The competent person also reviewed the heat seals in fire doors and any gaps identified, these were replaced as required.

Stairwells and fire exits were kept clear to maintain the means of escape. All staff were trained in fire safety and emergency evacuation procedures. Testing of fire safety equipment was completed as required and monthly fire drills took place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While improvements had been observed overall, some assessments and care plans were not always revised where necessary. For example, a residents medication management care plan and responsive behaviour care plan was not updated to reflect a change of medication following a review by a consultant. Another resident had a fall requiring hospital treatment. On their return to the centre, their assessment and care plan were not reviewed until several days after their return to the centre.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

Compliance Plan for Sacred Heart Nursing Home OSV-0005557

Inspection ID: MON-0039331

Date of inspection: 11/06/2024

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>A new complaints response template has been developed which will be used as the written response to all formal complaints going forward to ensure full compliance with the regulatory requirements – effective from 1/07/24.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Both resident care plans outlined have now been updated – complete.</p> <p>A communication has issued to all staff nurses regarding the need to update care plans in a timely manner as changes occur. The senior nurse management team will complete a spot-check of care plans following any incidents, a change in a residents’ status or upon their readmission to the centre – effective from 1/07/24</p>	

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 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	01/07/2024
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	Substantially Compliant	Yellow	01/07/2024

	concerned and where appropriate that resident's family.			
--	---	--	--	--