



**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 Hospital
Name of provider:	Health Service Executive
Address of centre:	Old Dublin Road, Carlow, Carlow
Type of inspection:	Unannounced
Date of inspection:	04 September 2024
Centre ID:	OSV-0000549
Fieldwork ID:	MON-0044174

About the designated centre

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

Sacred Heart Hospital is a 63-bed facility located within walking distance of Carlow town centre. Residents' accommodation is arranged in three interconnecting units. The units are Sacred Heart unit has 20 beds, St Clare's unit has 21 beds, and St James' unit has 22 beds. The centre provides care for male and female residents over 18 years of age with continuing care, dementia, respite, palliative care and rehabilitation needs. The centre is registered to provide 44 long-term and 14 rehabilitation beds, including two respite bed for dementia care, two community assessment beds and three short-stay beds. Residents' accommodation is arranged at ground floor level in 14 multiple occupancy bedrooms with four residents in each, one twin bedroom and five single bedrooms. There is a combined communal sitting and dining room in each unit. The provider employs nurses and care staff to provide care for residents on a 24-hour basis. The provider also employs GP, allied health professionals, catering, household, administration and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 September 2024	09:15hrs to 17:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

The inspector walked around the centre with the assistant director of nursing. The inspector observed the centre to be clean and well-maintained. Bedrooms were found to be well organised and many with personal effects making them feel homely. Residents spoken with told the inspector that their rooms were cleaned daily and they were happy with the cleanliness of the centre.

There was clear signage around the centre to guide residents and visitors. The signage was both in written and picture description which gave each person the ability to identify their direction.

There was an enclosed courtyard and garden for residents and their relatives to use. Residents had easy access to a secure internal courtyard, which was paved and had seating areas for residents and their visitors to use and enjoy. This area was well maintained and provided ample space for residents.

There was a good variety of activities for residents to choose from. All activities available were displayed on notice boards around the centre. Some residents that spoke with the inspector said they 'looked forward to Mass in the centre every week. There was also one to one activities available for residents who did not want to join in the group activities. There was a team of activity staff working in the centre. The inspector saw that residents were actively participating in group activities and one-to-one activities throughout the course of this inspection. Residents spoken with said the choice of activities were good and the variety available meant there was something to interest most residents.

There was an information notice board for residents and visitors on display. This was to inform residents of the services available to them whilst being a resident in the centre. Advocacy and other support services were displayed with their contact details.

It was evident that management and staff knew the residents well and were familiar with each resident's daily routine and preferences. The inspector observed that residents` rights and dignity was supported and promoted with many examples of kind, discreet, and person-centred interventions seen between staff and residents throughout the day.

There were individual dining rooms in each unit within the centre. Residents had an array of choices for each meal. Residents were very positive about the meals available and the choice offered each day. The inspector observed that there was adequate numbers of staff available to assist residents when required. Assistance was seen to be offered discreetly.

Staff were observed to be very interactive with the residents and there appeared to be a trusting relationship between the residents and the staff.

The management and staff in the centre had developed an end-of-life pathway for residents which involved the resident making decisions about what they wanted the future to hold for them. Staff supported residents to make a 'memory box' and to place personal items or messages inside the box for their loved ones in the future. Resident could write letters to their loved ones and staff would provide these to their loved one when the resident had passed away. This initiative was well received and valued by the residents as it gave both the resident and staff time to plan for the future and ensured the residents could make the choices that would otherwise be left to family members.

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 provided.

Capacity and capability

Overall, this was a good, well-resourced centre with effective governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care and supports. This was an unannounced inspection which took place over one day, to monitor ongoing compliance with the regulations.

The registered provider of this designated centre is the Health Service Executive (HSE). There was a clearly defined management structure in place with clear lines of authority and accountability. The person in charge was supported by two assistant directors of nursing (ADON), clinical nurse managers, a team of nurses, healthcare assistants, housekeeping, catering, maintenance and administrative staff.

There was a process in place for reviewing the quality of care and the quality of life experience by residents living in the centre. There was an audit schedule in place, which had been completed in a number of key areas, including wound care, falls and activities. Learning was identified from these audits and action plans developed. These demonstrated that positive changes had been implemented as a result, for the benefit of the residents.

Policies, procedures and guidelines were in place in line with the requirements set out in the regulations. There was a well structured roll-out and implementation of policies and procedures to ensure staff were knowledgeable of the contents. They were easy-to-read and understand so that they could be readily adopted and implemented by staff. Staff spoken with recognised that policies, procedures and guidelines help them deliver suitable safe care, and this was reflected in practice.

There was good evidence on the day of inspection that residents were receiving good care and attention. The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre.

Staff training records were maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training in manual handling procedures and fire safety had been completed.

There was a directory of residents made available to the inspector. This included the necessary information required such as their next of kin details or any person authorised to act on the resident's behalf.

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

There was a registered nurse on duty at all times as confirmed by the person in charge and staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training.

Staff were appropriately supervised on the day of the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and it was found to contain all of the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. An annual review, which included consultation with the residents was in place. There were effective management systems in place to ensure the service was safe, appropriate, consistent and effectively monitored, as demonstrated by sustained levels of compliance across the regulations.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The registered provider had a contract for the provision of services for each resident in place. The inspector reviewed a sample of three contracts and they contained the requirements as set out in the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. Residents appeared well cared for with their personal care needs being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy.

At Sacred Heart Hospital, there were arrangements in place to ensure that residents had access to and retained control over their personal property, possessions and finances. Residents were seen to have adequate lockable space to store and maintain clothes and personal possessions. Most residents had chosen to personalise their rooms with photographs. Residents confirmed that their laundry

was done regularly and returned promptly. Residents did not report any complaints about laundry service and confirmed that laundry did not go missing.

The inspector was assured that residents received a high standard of care. The management and staff was actively working on a process to improve the end-of-life stage for residents. This process began on admission to the centre. The inspector saw evidence of end-of-life assessments for a sample of residents. These had been completed on admission and included details of their wishes and preferences at the time of their death. These were regularly reviewed and there was evidence of family involvement and consultation especially where the residents did not have capacity to make a decision themselves.

Residents told inspector that they felt safe living in the home. Those spoken with reiterated that they had no complaints and would highly recommend it as a place to live.

The minutes of residents' meetings and the residents who spoke with the inspector showed that they were consulted in the running of the service. Residents were provided with access to independent advocacy service and contact details were made available on the centre's notice boards. All staff were trained and knowledgeable in relation to the detection and prevention of abuse.

Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights.

There were no visiting restrictions in place on the day of the inspection. Visits and social outings were encouraged.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. Visitors spoken with by the inspector were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes are laundered regularly and promptly returned.

Judgment: Compliant

Regulation 13: End of life

The person in charge had ensured that where a resident was approaching the end-of-life, appropriate care and comfort, which addressed the physical, emotional, social, psychological and spiritual needs of the resident concerns were provided.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe and would have no problem approaching management or staff if they had any concerns. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse.

All staff files had a copy of the Garda Vetting disclosure on site.

Judgment: Compliant

Regulation 9: Residents' rights

The individual rights of the residents were seen to be well-respected and promoted. They had access to advocacy services and were frequently consulted in the running of the centre. There was a range of activities available to residents to ensure that all residents had access to participate in activities in accordance with their interests and capacities.

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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant