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:	07 May 2026
Centre ID:	OSV-0000157
Fieldwork ID:	MON-0049179

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, an assistant director of nursing and clinical nurse managers. 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:	82

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
Thursday 7 May 2026	07:30hrs to 16:30hrs	Maureen Kennedy	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector spoke with many residents to gain insight into their experience of living in Sacred Heart Residence. Residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents reported that the staff are 'all so helpful' and that 'everyone is lovely'. The inspector also spoke with some family members who were visiting on the day, who said that their family member was getting 'excellent care', and that the staff were 'all very good'. There were 82 residents living in the centre on the day of this unannounced inspection.

Sacred Heart Residence is a very spacious premises consisting of five floors, the design and layout of which meets the needs of the residents and promotes free movement and relaxation. Residents' bedroom accommodation is provided in large single rooms, all with en-suite facilities. Many of the residents' bedrooms were personalised with items that were important to them including their family photographs and souvenirs. The general environment, residents' bedrooms, communal areas and toilets inspected appeared clean, clutter-free and overall well-maintained by a team of maintenance and housekeeping staff.

Throughout the day of inspection, staff were observed to be very interactive with the residents attending to their needs in an unrushed, kind and patient manner. Carers were in attendance to assist residents if required. Staff who spoke with the inspector were knowledgeable about the residents they cared for and what their needs were. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs. Staff were observed busily attending to residents' requests for assistance in a timely manner. The inspector observed good practices in relation to standard precautions to reduce the spread of infection. Staff were observed to have good hand hygiene practices.

The rights of residents were upheld. There were opportunities for recreation and activities as outlined in the activity programme. The hairdresser was in the centre on the day of inspection and residents were observed going to and from the salon with residents telling the inspector that they enjoyed getting their hair done. The inspector observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed they were welcome to the home at any time.

Residents could choose to dine in the main dining room on the ground floor, in any of the smaller dining rooms on each floor, or in their bedrooms. In the dining room on the ground floor, the inspector observed mealtime as a relaxed and social occasion for residents, who sat together in small groups at the dining tables. There was a menu available on the tables with choice of courses and residents' independence was promoted with easy access to condiments and drinks on each dining room table. The service of food was good with ample staff available to ensure

the food was served hot and assist residents as required. The lunch food served on the day of inspection was seen to be wholesome and nutritious. Residents were complimentary about the food and confirmed that they were always afforded choice and provided with an alternative meal should they not like what was on the menu.

The inspector observed that following the last inspection, the registered provider had put in place improvement plans addressing gaps in residents' care records and the planning and decision-making about a person's end-of-life care. However, further improvements were required in the management of pressure area care to ensure residents were adequately protected against the risk of skin injury, as further detailed in the report.

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

Capacity and capability

Overall, the inspector found that residents benefited from a well-run centre with good leadership and good governance and management arrangements in place. This inspection was carried out to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). The registered provider of Sacred Heart Residence is Little Sisters of the Poor.

There was a clearly defined management structure in place with a schedule of regular team meetings including clinical governance, management, staff and residents meetings and minutes of these meetings were available for the inspector. The inspector reviewed the 2025 annual review of the centre and a quality improvement plan was in place. The residents' opinions and their views were taken into account when developing this annual review. There were clear systems in place for the oversight and monitoring of care and services provided for residents. The management team had developed audits that identified where improvements were required and records of these audits were available for the inspector to review. However, these audits required strengthening as they had not identified that there continued to be gaps in some areas of nursing care planning, as observed during the inspection, and as further detailed under Regulation 5: Individual assessment and care planning.

On the day of the inspection, from what the inspector observed and in conjunction with communication with residents and visitors, the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. The provider had structures in place to oversee and ensure all staff had received training appropriate to their role. The person in

charge worked full-time in the centre and was well known to staff and residents. They motivated a creative, caring, and well-skilled team to support residents to live active lives, having due regard to their wants and needs.

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full-time in the centre and met the criteria of the regulations.

Judgment: Compliant

Regulation 15: Staffing

On review of a selection of staff files, identification, An Garda Síochána vetting reports and a full employment history were present together with all the required documentation.

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the 82 residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 21: Records

The centre was using a combination of electronic and paper documentation and all records requested on the day of inspection were made available. The policy on the retention of records was in line with regulatory requirements and the inspector observed the dedicated archive room where records were stored securely.

The inspector observed in line with as previous compliance plan that records of specialist treatment and nursing care provided to residents were now maintained in line with the requirements of Schedule 3(4)(b).

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the systems in place for the oversight and monitoring of care and services provided for residents, the inspector found that improvements were required to further strengthen the governance and management as follows:

- While regular auditing on various aspects of the service was completed, the audit process was not sufficiently robust to identify areas for improvement. For example, care planning audits conducted had not picked up on the repeated findings of this inspection, and in particular the gaps in the management of skin integrity and pressure area care, which had the potential to adversely impact the care and wellbeing of the residents, as further detailed under Regulation 5: Individual assessment and care plan.

Judgment: Substantially compliant

Regulation 30: Volunteers

The person in charge ensured that people working as volunteers in the designated centre met the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as required in Schedule 5 of the regulations were available for review, and had all been updated within the last three years.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were met. Residents and visitors voiced their satisfaction with the care provided in the home.

Care planning documentation was available for each resident. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. The inspector observed many positive changes in line with the provider's compliance plan following the last inspection. However, further

improvements were required in relation to individual assessment and care planning for the management of pressure areas, which will be discussed under Regulation 5.

The inspector was assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked at least twice daily as per local policy. The medication management processes such as the ordering, prescribing, storing and disposal of medicines were described to the inspector and were safe and evidence-based.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances.

Bedrooms were observed to have sufficient storage space for residents' clothing and personal possessions with access to a lockable space if required.

There was a laundry on-site with an effective laundering and labelling system in place that ensured that all clothes were returned to residents in a timely manner. Residents informed the inspector that they were very happy with the laundry service.

Judgment: Compliant

Regulation 13: End of life

A compliance plan from a previous inspection regarding end-of-life care was followed up by the inspector. The provider had implemented an updated advanced healthcare directive into the individual assessment and care planning process for residents. This incorporates consultation with the resident concerned and where appropriate, the residents' representative to make sure residents' wishes and preferences are sought in a timely manner to ensure their end-of-life care needs are respected.

Judgment: Compliant

Regulation 17: Premises

Overall the premises was well-maintained and appropriate to the number and needs of the residents living in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' care plans found that they were not fully in line with the requirements of the regulations and had the potential to adversely impact the quality of care and quality of life for the residents. For example:

- A resident identified as having a grade 2 pressure ulcer, had a pressure relieving mattress on their bed and a pressure relieving cushion on their chair. However, the pressure relieving devices were observed as inaccurate regarding the set weight and the resident's actual weight, posing a risk to the resident.
- A resident assessed as being at high at risk of developing pressure ulcers did not have a repositioning care plan in place.
- A resident with a grade 2 pressure ulcer did not have a repositioning care plan in place.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that all staff had up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. The inspector observed that following the last inspection, the registered provider had, in line with their compliance plan, the use of sensor alarms recorded in the restrictive practices register.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Sacred Heart Residence OSV-0000157

Inspection ID: MON-0049179

Date of inspection: 07/05/2026

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

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Quality Improvement Actions:

To address matters identified in management of skin integrity and pressure area care, the care plan audit process was reviewed and strengthened, with enhancements made to the audit tool to ensure it was sufficiently robust and that all identified areas of improvement are adequately addressed.

1. Strengthened Clinical Audit Criteria

The revised audit tool now includes specific checks aligned to residents' individual care needs, including but not limited to:

o For residents identified as being at risk of pressure ulcer development, repositioning schedules are in place which are documented within their care plan. Documentary evidence and records of repositioning of residents at risk are required for residents who are unable to reposition themselves independently and who require regular assistance to maintain skin integrity and minimise the risk of pressure ulcer development.

o If a resident is using an air mattress, confirmation that the mattress setting is appropriate for the resident's current weight and reviewed regularly is in place.

o If a resident is at risk of malnutrition or dehydration, verification that food and fluid balance records are completed accurately and reviewed where appropriate and recorded.

o If a resident uses restrictive practices such as bedrails or lap belts, confirmation that such application, release, and monitoring requirements are in accordance with the centre's restraint policy and documented.

o If a resident requires location monitoring due to risks associated with absconding, confirmation that monitoring is in accordance with a rights based approach rand that such records are completed as required.

2. Increased Audit Frequency

The frequency of care plan audits has been increased from quarterly to every two months to facilitate better monitoring and early identification of gaps or care deficits and provide opportunities for improvement and enhance learning.

3. Shared Learning and Governance Oversight
The findings, learning points, and required actions were discussed with the nursing team during handovers and Clinical Governance Meetings. Deliverables and required outcomes regarding care planning, pressure ulcer prevention, documentation and updated audit were discussed in detail and communicated to the team. Ongoing monitoring by nurse management will be undertaken through enhanced audit supported by day to day supervision and oversight to ensure compliance is sustained and embedded in the centres' practices and protocols.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Quality Improvement Actions:
1. Review of Residents Using Pressure-Relieving Equipment
Following the inspection, all residents using pressure-relieving mattresses and cushions were reviewed. Air mattress settings were checked against each resident's current weight and adjusted where required to ensure the equipment provided the appropriate level of pressure relief. An air mattress register is maintained and monitored by the CNMs to ensure that air mattress settings remain accurate and reflective of resident care needs.
2. Introduction of Pressure Mattress Setting Guidance
The management team will ensure that a pressure mattress setting guide is displayed on all air mattress pumps and is clearly visible to staff. This will support staff in selecting and maintaining the correct mattress settings based on the resident's current weight.
3. Daily Monitoring and Documentation
Daily checks of pressure-relieving mattresses are now undertaken twice daily and recorded to ensure settings remain accurate and appropriate for the resident's assessed needs. Any discrepancies identified are addressed immediately and reported to the nurse in charge. Oversight of recorded daily checks are implemented by the CNMs.
4. Review and Update of Care Plans
The Skin Integrity Care Plans of all residents using air mattresses who are assessed as being at risk of pressure ulcer development, or who have existing pressure ulcers, have been reviewed and updated. Care plans now clearly identify the required air mattress settings based on the resident's current weight and clinical needs. Repositioning interventions and schedules have also been incorporated into the care plans, with corresponding repositioning records maintained to provide assurance that pressure area care is delivered, monitored and documented in accordance with each resident's assessed needs.
5. Implementation of Repositioning Care Plans
A register of residents using air mattress and who are unable to reposition independently is maintained and regularly reviewed. Repositioning interventions are incorporated into each resident's Skin Integrity Care Plan and implemented in accordance with their

assessed needs. Repositioning records are maintained and monitored to provide assurance that residents receive appropriate pressure area care.

6. Multidisciplinary Team Involvement

The Skin Integrity Care Plan will reflect all relevant multidisciplinary assessments, recommendations and interventions relating to pressure ulcer prevention and management. Recommendations from the Tissue Viability Nurse and other relevant healthcare professionals will be incorporated into the resident's care plan, acted upon promptly and implemented accordingly.

Residents with pressure ulcers will be monitored regularly. Where a pressure ulcer is not improving as expected, a re-referral to the Tissue Viability Nurse or any other such appropriate allied professional will be completed and any recommendations will be documented and reflected in the resident's Skin Integrity Care Plan and acted upon promptly.

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 23(1)(d)	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	15/06/2026
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.	Substantially Compliant	Yellow	15/06/2026