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:	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:	01 April 2026
Centre ID:	OSV-0000278
Fieldwork ID:	MON-0049834

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

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
Wednesday 1 April 2026	10:15hrs to 16:30hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. The purpose of the inspection was to assess ongoing compliance with the regulations and standards, following an application by the registered provider to renew the registration of the centre.

The inspector greeted and chatted with a number of residents and spoke in more detail to five residents to identify their experiences of living in Sacré Coeur Nursing Home. Overall, residents were very positive about how they spent their days in the centre, and were highly complimentary of the staff and the food. Residents reported feeling safe in the centre and expressed satisfaction at how the centre was run. Overall, there was a sense of wellbeing in this small and homely centre.

The inspector was welcomed into the centre mid-morning and noted that at that time, many residents were up and about in the main sitting room and some were up and spending time in their bedrooms. Staff were busy assisting residents, however the inspector noted that staff made time to chat with residents while also conducting their duties.

During the initial walk around of the premises, the inspector observed a centre that was generally clean and bright. The main sitting room is the heart of the home, where residents gathered to take part in activities and to watch TV. The activities planner was displayed prominently outside the room. The much-loved afternoon Bingo was a big hit with residents, with one resident remarking "it gets very competitive". There was construction work occurring in the garden; this comprised of an extension containing three ensuite bedrooms and communal storage space and was observed to be at an advanced stage. The location of the extension in the garden meant that this area was no longer available for use by the residents. The provider had ensured that separate garden areas to the front of the centre were available for use by residents. The smoking shed had been relocated to this area, and was in use on the day. Residents told the inspector that they were looking forward to the opening of the new extension, and they were planning on having a party to celebrate.

Overall, the centre was well-maintained with suitable furnishings, equipment and decorations. Residents' bedrooms were nicely decorated with personal belongings such as photographs and artwork. The corridors had appropriate handrails fixed to the walls to assist residents to mobilise safely. Residents could access the upper floor by using a chair lift. Some residents could use the stairs independently.

The inspector observed that residents were consulted about what was happening in the centre. Regular satisfaction surveys were completed by residents which detailed their feedback on the service provided in relation to a number of areas, including food, activities, visits, bedroom accommodation, and staff. Residents' meetings were

held regularly and the views and opinions of residents were documented. Action plans following meetings were developed. Residents spoken with confirmed that their minor issues or concerns were dealt with quickly, and never reached the level of a formal complaint.

Visitors were observed coming in and out of the centre throughout the day. The inspector spoke with two visitors who said that they were happy and grateful for the care provided to their loved ones. Visitors said that they were always kept updated with any changes or concerns, and that if they had any issues they felt confident to bring them to the attention of staff.

The following two sections of the report will describe how the governance arrangements in the centre impact upon the quality and safety of the care and services provided for the residents. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

The governance and management systems in the centre contributed to the delivery of good quality care. It was evident that the management and staff of the centre were dedicated to maintaining high standards of care and support and promoting a positive experience for residents.

This inspection was a one day inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 (as amended). The centre is owned and operated by Sacré Coeur Nursing Home Limited who is the registered provider. There are two company directors, both of whom are engaged in the operations of the centre on a daily basis. The management team collect a range of weekly data in areas such as falls, medication errors, restraint use and antibiotic consumption, to analyse for trends and to identify where improvements in the service were required. Administrative staff ensured that all requested records were well-maintained and made available for review.

A restrictive condition was placed on the registration following the findings of previous inspections in February 2024 and May 2024 which found that there was insufficient communal space and storage facilities in the centre. The provider had committed to providing sufficient communal and storage space and had submitted plans for an extension to the centre which would satisfy these criteria by 31 August 2025. The provider had applied to vary the timeline of completion of the works as the original timeline had not been met. The inspector saw that the extension had progressed to near completion with minimal disruption to residents. Residents and their families were regularly updated about the ongoing works.

There were sufficient staff on duty, across all areas of the centre, to meet the assessed needs of the residents. The person in charge worked in a wholly

supernumerary capacity, providing daily clinical and operational support to the staff. An assistant director of nursing also provided some additional supernumerary shifts. On the day of inspection, the person in charge was on planned leave, and the assistant director of nursing was deputising in their absence. The planned rota showed that this arrangement was in place for the duration of the leave.

The overall provision of staff training was good and included a blend of online and face-to-face training modules. Staff were well-supervised in their roles and were confident to carry out their assigned duties with a person-centred approach. A staff induction programme was in place with regular reviews to monitor staff performance and identify additional training needs. There was a low level of complaints occurring in the centre. Those that did occur were documented, investigated and managed appropriately.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted a completed application to vary Condition 4 on the centre's registration and included all of the required information including updated floor plans and statement of purpose.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed
needs of the 26 residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Important training such as fire safety and moving and handling were completed for staff. Staff were appropriately supervised by senior staff in their respective roles and there were appropriate on-call management support available at night and at weekends.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. There were deputising arrangements in place for key management roles. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed by the person in charge, with targeted action plans for improvement set out for 2026. The review also contained feedback and consultation with residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was prominently displayed. There were appropriately-nominated persons to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

Quality and safety

The inspector found that the rights of the residents living in Sacré Coeur Nursing Home were promoted and the residents, where possible, were encouraged to live their lives in an unrestricted manner, according to their own capabilities. Residents had a good quality of life in a centre that met their needs.

The premises was generally maintained in a good state of repair, with some exceptions to a small number of items of furniture which required replacement and repair. The breaks in the surfaces of some furniture and flooring meant that these areas could not be appropriately cleaned or decontaminated. Housekeeping staff had good knowledge of correct cleaning procedures and were provided with appropriate equipment to fulfil their role, including a colour-coded mopping system.

There was a dedicated infection control lead in the centre who conducted regular audits of hand hygiene and environmental cleanliness. Data on antibiotic usage was collated and residents who had an infections diseases or multi-drug resistant organisms (MDRO) had detailed care plans in place to guide staff in how best to support and appropriately care for these residents.

There was evidence of good practice in relation to resident assessment and care planning. Residents needs were routinely and appropriately assessed and this information was incorporated into resident-specific care plans. Social assessments were completed for each resident and individual detail regarding a residents' past occupation, hobbies and interests were completed to a high level of personal detail. This detail informed individual social and activity care plans.

Residents were provided with a good level of evidence-based healthcare in the centre. There was good access to General Practitioners (GP) and other health and social care professionals including speech and language therapy and physiotherapy. There was appropriate delivery of evidence-based, preventative skin assessments and regular monitoring for pressure-related skin damage. Residents who were admitted with, or developed pressure ulcers or other wounds, were appropriately referred to specialist wound care nurses for additional expertise. There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications; this was up to date and based on evidence based practice. Medicines were administered in accordance with the prescriber's instructions in a timely manner.

Dedicated activity staff were responsible for delivering the schedule of activities in the centre and the inspector observed small group activities taking place in the morning and afternoon. Staff were trained and competent to provide one-to-one sensory activities to residents who could not participate in groups or whose needs were advanced. Throughout the week residents enjoyed seated group exercises, bingo, and particularly enjoyed live music. Residents were happy with the choice and frequency of activities. The local Legion of Mary attended once a week for Holy Communion and Mass was facilitated regularly, and when a priest was unavailable, residents could watch Mass on TV or listen in on local radio.

Regulation 17: Premises

While work was ongoing to maintain the premises, and many area had been redecrorated and painted, some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations. For example;

- There was evidence of wear and tear to furniture including bedside tables, lockers and flooring
- Some walls were damaged from profiling beds and hoist equipment
- Communal space remained limited while awaiting the completion of the new extension.

Judgment: Substantially compliant

Regulation 27: Infection control

Notwithstanding the overall good infection control procedures in the centre, the sluice room was not managed in a way that minimised the risk of transmitting a health care-associated infection. For example;

- The racking for sanitary ware including bedpans and urinals was outdated and did not contain a drip tray. Additionally, not all equipment was inverted to allow for complete drying following sanitation.
- There were sections of broken tile and a floor mat on the floor which could not be effectively cleaned.
- There were some items stored within the sluice room inappropriately for example brushes and cleaning supplies.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centre's policy on medication management.

A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Resident care plans were detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. A comprehensive pre-admission assessment was completed prior to the resident’s admission to ensure the centre could meet the residents’ needs. A range of validated assessment tools were used to inform the residents care plans. Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents’ care needs, reviews were completed to evidence the most up-to-date changes.

Judgment: Compliant

Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. There was evidence of good access to medical practitioners, through residents' own GP's and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals such as dietitian services and wound care nurses through a referral pathway.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in the their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents' meeting minutes, satisfaction surveys, and from speaking with residents on the day.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sacré Coeur Nursing Home OSV-0000278

Inspection ID: MON-0049834

Date of inspection: 01/04/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: We are at the completion stage of a new extension which will ensure that we are in compliance in relation to communal space. A program of planned works is underway to redecorate the existing Nursing Home including upgrading of some flooring ,furniture and repainting this will ensure compliance with Regulation 17	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: A new sluice room is included in the plans for the new extension and will include new updated racking. In the meantime staff have been trained in appropriate storage of equipment in the sluice room and all unnecessary items have been removed. The cracked tile will be replaced Compliance will be monitored by DON	

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	30/05/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/06/2026