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 Nursing Home
Name of provider:	Sacred Heart Nursing Home Limited
Address of centre:	Crosspatrick, Johnstown, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	22 April 2026
Centre ID:	OSV-0005557
Fieldwork ID:	MON-0050289

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, and three dining rooms in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47

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 22 April 2026	08:00hrs to 15:30hrs	Yvonne O'Loughlin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

Residents spoke positively about the management and staff within the centre. Interactions observed between staff and residents were warm and familiar, reflecting friendly and respectful relationships. Residents informed the inspector that they felt well cared for by staff. During the inspection, the inspector met with the majority of the residents living in the centre on the day and held more detailed discussions with 11 residents and five visitors.

During the introductory meeting with the management team the inspector was informed that two residents had a contagious skin condition and following a review of the nursing notes an immediate action was given to the person in charge to inform public health that a possible outbreak of infection was in progress. This is discussed further in the report.

The centre, originally built in the 1980s, has been extended to accommodate 48 residents. It comprises two wings off the main entrance: a two-storey section on the right, with resident accommodation on the ground floor and staff facilities below, and a single-storey residential area on the left.

Residents had access to a range of communal areas, which were observed to be in use throughout the day. The main area near the entrance was particularly popular, with many residents identifying it as their preferred space due to its ample natural light and direct access to a well-maintained courtyard.

Bedrooms comprised of single, twin bedded, three bedded and a four bedded bedroom, some with en-suite facilities and others with shared toilet facilities. Residents' bedrooms were clean, suitably styled with adequate space to store personal belongings. The majority of residents had personalised their bedrooms with photographs, ornaments and other personal memorabilia.

Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends, and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. One family member said "I am satisfied with how concerns were managed". Visitors were facilitated in residents' bedrooms and in the communal areas of the centre. There

were no restrictions on visits and visitors were observed visiting the centre on the day of inspection.

On the day of the inspection mass was held by the local priest and many residents were receiving holy communion.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, the registered provider did not ensure the delivery of a safe and effective service in full compliance with regulatory requirements in relation to IPC. The Inspector identified significant concerns relating to infection prevention and control. One item of unsolicited information received by the Office of the Chief Inspector was reviewed, which raised concerns regarding outbreak management and cleanliness. These concerns were found to be partially substantiated during the inspection

Sacred Heart Nursing Home is a private, family-run service operated by Sacred Heart Nursing Home Limited. At the time of inspection, there were three directors, all present on the day, one of which was a senior occupational therapist. One director was the person in charge. Another was the operations manager and represented the provider on regulatory matters, supporting the person in charge with the daily running and clinical oversight of the centre.
The management team within the centre consisted of the person in charge an assistant director of nursing and a clinical nurse manager. They were responsible for the supervision and support of a team of nurses, healthcare assistants, activity co-ordinators, housekeeping, catering and administrative staff.

Action was required to ensure robust oversight of management systems to maintain residents' safety within the centre, particularly in relation to infection prevention and control (IPC). The Inspector found that the provider was not compliant with Regulation 27 and the *National Standards for Infection Prevention and Control in Community Services* (2018).

Deficits were identified in IPC practices, as well as in environmental and equipment management. Furthermore, an outbreak of infection, later confirmed by Public Health as a contagious skin condition, was not identified, reported, or managed in a timely manner.

An immediate compliance action relating to IPC was issued on the day of inspection. This is discussed further under Regulation 23: Governance and Management within this report.

In addition, an urgent response letter was issued following the inspection, requiring assurance to the Chief Inspector that the outbreak was being managed in line with Public Health guidance. The provider's response was detailed, and the assurances provided were deemed satisfactory.

The provider maintained an audit schedule covering areas such as catheter care and IPC, conducted by the management team. However, these audits did not identify certain issues observed on the day of inspection, as outlined under Regulation 27: Infection Control.

Observations on the day of the inspection found that the the staffing and skill mix on the day was appropriate to meet the care needs of the residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support.

There were two housekeepers working on the day of inspection. Cleaning records confirmed that areas and rooms were cleaned each day and the environment appeared visibly clean. The housekeeping trolley was well maintained and clean.

The Director of Nursing had overall responsibility for IPC and antimicrobial stewardship (AMS). The provider had also nominated a senior nurse to the role of IPC link nurse who had completed the IPC link practitioner course.

Regulation 15: Staffing

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

There were sufficient staff resources to maintain the cleanliness of the centre. There were housekeeping staff in each area of the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training undertaken by staff. The training matrix showed that all staff had completed their mandatory training. On the day of the inspection staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place required further strengthening to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example,

- The centre had a policy for managing outbreaks of infection. This inspection found that the provider did not adhere to their own policy. For example; a suspected outbreak of infection was not promptly notified to the medical officer of health in the Department of Public Health, in line with legislation. An immediate action was given on the day of inspection to the nurse in charge to notify public health, resulting in additional residents receiving treatment to prevent further spread of infection.
- There were not enough effective systems in place to ensure compliance with the *National Standards for infection prevention and control in community services (2008).* Differences between the findings of local audits and what was observed on the day of inspection indicate that these systems were not robust enough to effectively monitor and assure the quality and safety of the service.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

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. However, deficits in the governance and management and the oversight of infection prevention and control (IPC) were impacting on the overall quality and safety of the service provided.

Based on the sample of care plans viewed, action was required in individual assessment and care plans to ensure the needs of each resident are assessed and

an appropriate care plan is prepared to meet these needs. For example: accurate information was not recorded in two care plans to effectively guide and direct the care of two residents with an infection.

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had access to a general practitioners (GPs) of their choice and specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and chiropody.

Residents who required one-to-one supervision were receiving same, additional staff was rostered and was clearly allocated to support the resident. Residents had access to a good range of meaningful activities that were suited to their individual preferences and capacities. On the day of inspection, residents could chose to participate in activities including chair exercises, sing along, mass and art and crafts. An activity schedule was available for each unit. Residents told the inspector that they were encouraged to participate in the activities that were scheduled daily and they had various communal spaces should they choose to spend their time away from their bedroom. Other residents said that they preferred to spend some quiet time in their rooms and that staff respected their wishes.

Clinical hand wash basins were available for staff to wash their hands and alcohol gel was provided at the point of care for the residents.

Appropriate use of personal protective equipment (PPE) and sufficient hand hygiene practices were observed during the course of the inspection. However, a number of issues were identified which may impact the effectiveness of IPC. Details of issues identified are set out under Regulation 27: Infection control.

Regulation 11: Visits

Arrangements were in place for residents to receive visitors. The centre had arrangements in place to ensure the ongoing safety of residents. There was suitable private spaces for residents to receive a visitor if required.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the number and needs of residents in the centre. The inspector observed signs of wear and tear in doors and architraves in the older part of the centre. However, there was a maintenance plan in place to address this.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A sample of transfer letters viewed on the day of the inspection showed all relevant information about the resident was provided to the receiving hospital and there was effective communication between services during this time to minimise risk and to share information.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure guidance published by appropriate national authorities in relation to IPC and outbreak management was implemented. For example;

- Early signs of an infection outbreak were not recognised, resulting in delays in gathering the necessary information to manage the situation effectively and to reduce the spread of infection to other residents.

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- The overall management of sharps required review to reduce the risk of needle-stick injuries, which may leave staff exposed to blood borne viruses. For example;
    - The needles used for injections and drawing up medication lacked safety devices in line with best practice guidelines.
    - Sharps boxes in use were not signed or dated for traceabillty and the temporary closure was open.
- The provider had measures in place to control *Legionella* in the water supply. For example, unused outlets and showers were run weekly to reduce risk. However, routine testing of hot and cold water systems was not carried out to check if these measures were effective.
- A number of healthcare risk waste bins were found to contain incorrect waste bags. This posed a risk that healthcare risk waste may not have been segregated and disposed of appropriately, thereby increasing the potential for the spread of infection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Based on the sample of care plans viewed, action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- A review of pressure-relieving equipment found that the residents' body weight on a number of mattresses had been entered incorrectly. As a result, the mattresses were unable to provide the appropriate level of support required to assist in reducing the risk of a pressure ulcer.
- Accurate information was not recorded in two care plans to effectively guide and direct the care of two residents colonised with an infection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to a medical practitioner and other health and social professionals in line with their assessed needs. There were no residents with pressure ulcers.

Judgment: Compliant

Regulation 9: Residents' rights

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Residents rights and choice were respected in the centre and the service placed an emphasis on ensuring residents had consistent access to a variety of activities, seven days a week.

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 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sacred Heart Nursing Home OSV-0005557

Inspection ID: MON-0050289

Date of inspection: 22/04/2026

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 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The governance and management systems have been reviewed and strengthened to include the following:

• A new robust system of Key Performance Indicators has been introduced to review, analyze and monitor the numbers of infections and other key clinical data measurements on a weekly basis. This will ensure relevant infections and/or other incidents are notified to relevant authorities in a timely manner – effective from 22/06/26

• A review of audits has been completed to ensure that audit topics and questions are appropriate, reflect current staff practice and promote high standards in line with the National Standards for infection prevention and control in community services (2008). This was completed with the assistance of an external company on 11/06/26.

• Improved systems of communication both within the Centre, and with GPs and allied health professionals (including public health) to ensure prompt vigilance of all suspected or confirmed cases of infection, treatment pathways and notification requirements. e.g. use of electronic photographs where in-person medical reviews cannot take place immediately – effective from 23rd April 2026.

• All staff have attended additional staff training relating to this outbreak to include online, in person-bespoke sessions and safety pauses to reinforce company and national policies and procedures – completed 29/05/26. We have additional in-house staff training on IPC with an external provider scheduled for 24/06/25 & 25/06/26

• We have also commissioned an independent nurse consultant to further assist us in reviewing our governance and management systems and processes – first visit planned for 22/06/26.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

• All staff have received updated bespoke training, information and guidance on the prompt identification and reporting of all suspected and confirmed cases of infection to ensure appropriate timely response and treatment – Completed 29/05/26. An additional in-house bespoke training has been organised by an external company and scheduled to take place 24/6/26 and 25/06/26.

• Safety needles have been procured for use – effective from 30/04/26.

• All staff have been reminded of the correct use of sharps bins and appropriate segregation of waste at the daily safety pause meeting held on 23/04/26.

• Audits have been refined to ensure that issues found on this inspection have been incorporated into the content of routine audits conducted – effective from 11/06/26

• We have procured the services of an independent contractor to perform Legionella testing of hot and cold water systems at least annually – commencing from 24/06/26
• We have commissioned an independent IPC expert to complete an audit of our IPC practices within the nursing home to further strengthen our IPC management system. This is booked for 6th July 2026

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:
• A new monthly audit has been introduced to assess mattress settings and functionality. This will be conducted the day after residents' monthly weights are taken to ensure the mattress settings have been updated in line with the residents' current recorded weight – effective from 1/07/26

• Staff have received updated training, information and guidance on the expected standards for care planning in line with residents' changing needs. This training occurred on line and was also further strengthened at a staff meeting on 29/05/26

• The care planning audit has been reviewed and revised to ensure the content includes a focus on residents' changing needs – effective from 1 July 2026.

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.	Not Compliant	Orange	25/06/2026
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.	Not Compliant	Orange	06/07/2026
Regulation 27(b)	The registered provider shall	Not Compliant	Red	01/05/2026

	ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	01/07/2026