



**Health
Information
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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 & Care Home
Name of provider:	Health Service Executive
Address of centre:	Golf Links Road, Roscommon
Type of inspection:	Unannounced
Date of inspection:	21 November 2025
Centre ID:	OSV-0000654
Fieldwork ID:	MON-0044304

About the designated centre

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

The Sacred Heart Hospital provides residential, respite and rehabilitation services to 49 adults. The centre is organised into two units. St Catherine's unit has 32 beds and includes one palliative care suite and three respite beds. St Michael's provides 17 long-term beds. All units are self-contained and have a main sitting and dining area and other smaller seating areas. There are a number of communal bathrooms and toilets in each unit. St Catherine's has four single en-suite rooms. There are several enclosed gardens that are accessible from each unit and that have been cultivated to provide interest for residents. The centre is located close to Roscommon town and local amenities. There are allied health professionals on site, and a physiotherapy suite and an occupational therapy room are accessible to residents. An activities therapy team organise and provides the daily activities programme.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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
Friday 21 November 2025	09:30hrs to 17:00hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Residents living in this centre were supported to enjoy a good quality of life. There was evidence that indicated residents were offered choice in all aspects of their care. This included discussions on what types of activities residents would like provided, the choice of food available, and on how residents would like care support to be provided to them.

The inspector spoke with several residents, and all responses received were positive with regard to the support provided by the staff team. One resident said "you would not get better care anywhere else", while several other residents complimented the quality of the food provided. The inspector also spoke with visitors who were attending the centre, and they also expressed satisfaction with the care provided to their relatives.

Upon arrival, the inspector was met by the person in charge, and following an introductory meeting, the inspector commenced a walk around the centre. This provided an opportunity to meet with residents and staff, and to observe life in the centre as residents prepared for their day.

There was a warm, unhurried, and happy atmosphere throughout the centre, and this was reflected in the residents' relaxed demeanour. Staff were observed to be attentive to residents' needs, and were respectful, kind, and patient in their interactions with residents. Staff knew residents well, and were observed to engage residents in conversations about their individual interests, past lives, and their families. Some residents commented on the redevelopment works, and confirmed that they were regularly updated on the progress of these works. Since the last inspection in February 2025, the provider was found to have continued with their redevelopment upgrade programme of the designated centre, which had now included the removal of Our ladies unit to make way for the construction of a new 50-bedded unit, which is currently underway.

There were adequate communication systems in place to ensure that residents were kept informed regarding key events in the centre. In particular, there was good use of notice boards to update residents on the availability of activities, access to advocacy, and on how to register a complaint. In addition, resident meeting records confirmed that apart from the redevelopment updates there was a broad range of topics discussed to keep residents informed on the day-to-day events in the designated centre.

A separate building had been constructed to accommodate the new kitchen facility, while the physiotherapy unit had been relocated within the centre to facilitate additional redevelopment works to the laundry area. The provider had continued to ensure that measures were in place to minimise any disruption to the existing

residents from the construction works. The provider was monitoring construction hours, and securing the building site to maintain resident safety.

Residents were observed engaging in a variety of morning routines. Some were enjoying breakfast in their bedrooms, or in the dining room. Several residents were observed reading newspapers, listening to the radio, or watching television. Others were seen walking through the centre, and along corridors chatting to staff they met along their way. Some residents preferred to remain in bed until late in the morning, and staff respected their choice. Staff were seen to ensure that bedroom and bathroom doors were closed before assisting residents with their care needs.

There was a well-planned activity programme available in the centre. Residents who attended the organised sessions were encouraged and supported to participate in the activities provided. Activities available in the centre on the day of the inspection included arts and crafts, knitting, quizzes, bingo, exercise games, movies and current affairs discussions. Residents were supported to attend a religious service during the inspection.

The inspector observed that resident bedrooms appeared to be personalised with items of personal significance such as photos, ornaments, and soft furnishings. Residents had access to call-bells, and television in all bedrooms. However, there was a lack of shelving in some shared rooms for residents to store their personal items near to their bed space. This meant that residents often stored personal items away from their personal space, and did not have ready access to them.

Communal facilities were well-maintained, and suitable for the needs of the residents. The corridors were wide with handrails in place along all the corridors to support residents with their mobility. Grab rails were in place on both sides of the toilets, and handrails were available in communal showers. The inspector observed that there were adequate communal showers, and toilets provided within close proximity to residents' bedrooms and communal rooms. Staff were observed supervising residents in communal areas to ensure their needs, and safety were promoted; however, the inspector observed one short period where residents were unsupervised. This was followed up on, and it was due to miscommunication between staff members.

There were inadequate storage facilities found on St Michael's unit, with a selection of clinical and non-clinical items stored in the same space. Continence products, mobility equipment, and items to support social activities were co-located in the same area. This had the potential for inspection to spread within the unit.

Dining rooms were well-laid out with condiments, place mats, and flowers located on all tables. Tables also displayed daily menus; however, they were contained in a booklet format, and were difficult to read due to a small letter font. There was a varied choice of meals available on the day, which consisted of roast chicken or oven-baked salmon.

Residents said that they felt safe, and that if they had any concerns they could talk with any member of the staff team. The inspector observed that residents appeared

comfortable and relaxed in the presence of staff. This was validated by the resident feedback on the day in which staff were described as respectful, kind, and caring.

The next two sections of the report will set out the findings of the inspection under the relevant regulations in the capacity and capability and quality and safety pillars.

Capacity and capability

This inspection found that the designated centre was well-managed for the benefit of the residents who lived there. For the most part, the oversight and governance systems that were in place helped to ensure that care and services were provided in line with the designated centre's statement of purpose, and that residents were able to enjoy a good quality of life in which their preferences for care and support were upheld.

This was an unannounced inspection carried out over one day to monitor compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspector also followed up on the compliance plan actions that the provider had committed to take to address the findings of the previous inspection held in February 2025, and found that the provider had made significant improvements to achieve compliance with the regulations. These actions are discussed in more detail under the relevant regulations referring to medicines and pharmaceutical services, fire precautions, and notifications. While measures to improve compliance under governance and management, premises, and care planning had been implemented, further actions were required to achieve full compliance with these regulations.

The Health Service Executive (HSE) is the registered provider for this designated centre. There is a clearly defined management structure in place that is accountable for the delivery of safe, health, and social care support to residents. The management team consists of a general manager, a manager for older person services, a person in charge, and an assistant director of nursing. A team of nurses, health care assistants, household, catering, maintenance, physiotherapy and occupational therapy support were also involved in the delivery of care to the residents in the designated centre.

There were comprehensive quality assurance systems in place to ensure care and service delivery was safe, and appropriate for the assessed needs of the residents. The audits and management reports reviewed were signed off by the senior management team. A small number of audits and oversight measures had not identified some areas of risk associated with infection control and prevention in the centre that required additional controls.

On balance, non-compliances in the audits were for the most part identified under the auditing process, and had an action plan developed, and implemented to

address the issues identified. The management team and staff were open to feedback and demonstrated a commitment to continuous improvement.

The designated centre was well-resourced to ensure that care and services were delivered in accordance with the statement of purpose. There were sufficient staffing resources available on the day of the inspection, and appropriately allocated to provide care and support to the residents.

There was a clearly defined management structure in place and staff were clear about their roles and the standards that are expected of them in their work. Reporting and communication structures were well-established, and staff worked well together as a team.

There was a complaints policy in place, which was updated in line with regulatory requirements. Records of complaints and compliments were maintained in the centre at the time of this inspection, and there were no complaints open on the complaints register.

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

The registered provider submitted an application to vary Conditions 1 and 3 of the registration of the centre prior to the inspection visit. In addition, to the application to vary the registration, the provider submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents, in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff. The staffing complement also included catering, housekeeping, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to regular training including refresher training to ensure their mandatory training was up to date. All staff were up to date with their fire safety,

moving, and handling, and safeguarding training. Records showed that staff had access to infection control training. Discussions with staff confirmed that they were well-supported with their training requirements, and that they were able to use this training to support their daily practice.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided; however, some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate, and consistent. For example:

- The potential impact of insufficient storage on a residential unit was not well-managed. For example, risks associated with the storage of clinical, and non-clinical items had not been identified, and managed to reduce the cross-contamination risk.
- Audits, and monitoring systems had not identified that a care plan to monitor the care of a resident with an Multidrug-Resistant Organism (MDRO) was not presented in an appropriate care plan format. Care interventions were stapled to the relevant care plan page, describing how intervention were to be delivered. There was a risk that if these interventions became detached that this could impact on the care interventions that were required.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was an updated statement of purpose available in the designated centre which contained the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible complaints policy, and procedure in place to facilitate residents, and or their family members to lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints and review

officers, timescales for a complaint to be investigated, and details on the appeal process should the complainant be unhappy with the investigation conclusion.

Judgment: Compliant

Quality and safety

Overall, the residents enjoyed good quality care and support from a staff team who knew them well. This helped to ensure care was person-centred, and that daily routines were flexible. There was a relaxed and welcoming atmosphere in which residents could spend time socialising together or with their families and friends.

Residents were found to be comfortable in their lived environment; however, some improvements were required regarding the availability of shelving in multi-occupancy rooms, so that residents could store their personal items safely. In addition, the availability of communal storage on St Michael's unit was insufficient to store, and retrieve items safely, which was compounded by the storage of items that were required to be stored separately.

The inspector found that residents' health care needs were met to a good standard. There was regular access to a GP service. There were appropriate referral arrangements in place for services such as dietetics, speech and language therapy, occupational therapy, and podiatry.

The inspector reviewed a sample of resident's care records, and spoke with a number of residents on the day. Records showed that the person in charge completed a pre-admission assessment for all potential new residents to ensure that the centre could meet the person's needs, and that a good client/home fit was achieved.

Following admission, personalised care plans were developed in response to any identified needs. Care plan reviews took place every four months or when residents' needs changed, records confirmed that family members, and significant others were consulted on these occasions. One resident care plan reviewed by the inspector did not give sufficient information about how a resident with an MDRO was been monitored.

Residents retained control over their clothing, which was laundered regularly, and returned to them. The ability of residents to store personal items near to their beds was impeded due to the lack of shelving available on St Michael's unit.

Records of residents' finances were securely maintained within the designated centre, and were available to residents at any time. Residents were informed about

how to access this information at their request. There were sufficient supports in place to ensure residents retained control over their finances.

There was a range of activities available for residents to pursue either in groups or on an individual basis. The inspectors observed staff providing one-to-one support to residents by means of hand massage, while a number of residents were observed attending a music session. There were no restrictions on visiting to the centre with visitors observed attending the centre throughout the day.

There was effective oversight of residents' nutritional care needs. There is well-established links with speech and language therapists, and dietetics to provide additional specialist support for residents. The meal service observed on the day was well-planned, with sufficient staff resources available to support the residents with their eating and drinking.

Regulation 12: Personal possessions

While residents sharing multi-occupancy rooms had access to sufficient space to store their clothes, they did not have sufficient space to store their personal items, for example:

- Personal items were stored on the light console above their beds due to the lack of available shelving.

Judgment: Substantially compliant

Regulation 17: Premises

There were insufficient storage facilities available on St Michael's unit. The inspector saw examples of items being stored on floors in overcrowded store rooms, which meant floors could not be cleaned effectively. Clinical, and non-clinical items were found stored in the same space, such as linen, incontinence products, commodes, decorations, and items to support the social care programme.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The residents' food and fluid intake was comprehensively assessed and closely monitored to ensure their nutrition and hydration needs were met. Residents had access to speech and language therapy and dietitian services as needed. Residents

were provided with a varied diet, and alternatives to the hot meal menu options were available in accordance with residents' preferences. Residents' special dietary requirements were effectively communicated to catering staff, and dishes were prepared in accordance with residents' individual preferences, assessed needs and the recommendations of the dietitian and speech and language therapists. Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available to residents at mealtimes and throughout the day.

Residents' mealtimes were facilitated in the dining room. There was sufficient staff available to provide timely assistance to residents in the dining room at mealtimes. The inspectors observed that residents were provided with discreet assistance as needed and staff were attentive to residents' individual needs, and to gently encourage, and support their independence with eating.

Judgment: Compliant

Regulation 26: Risk management

The risk policy contained all of the requirements of this regulation. The local risk register was comprehensive, and detailed. Risks were kept under review by the person in charge, and updated on a regular basis. A small number of risks required further controls, and these are discussed in more detail under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines management processes such as ordering, prescribing, administering, and disposal of medicines were safe, and regularly reviewed. Controlled drugs were stored safely, and checked as per local policy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care records, and spoke with a number of residents on the day. While on the whole care plans were well-developed, one care plan developed for a resident with an MDRO was not prepared in

accordance with standard guidelines. This is discussed in more detail under regulation 23: Governance and management.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GPs visited residents in person and were contacted and made aware if there were any changes in the residents' health or well being. Health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, either remotely or on-site, where appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A positive, and supportive approach was used by staff in their care of a small number of residents who intermittently experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to be attentive to residents' individual needs for support, and residents responded well to the care and support provided by staff. All staff were facilitated to attend appropriate training to ensure they had up-to-date knowledge, and skills to effectively care for residents with responsive behaviours.

The person in charge and staff were committed to minimal restraint use in the centre, and their practices reflected the national restraint policy guidelines. There was minimal use of restrictive equipment, and alternatives to this restrictive equipment were risk assessed and used in consultation with individual residents, and their representatives.

Judgment: Compliant

Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests, and capacities. There was a schedule of activities in place which was available for

residents to attend seven days a week. Residents also had good access to a range of media which included newspapers, television, and radios.

Resident meetings were held on a regular basis, and meeting records confirmed that there was on-going consultation between the staff, and residents regarding the quality of the service provided.

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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sacred Heart Hospital & Care Home OSV-0000654

Inspection ID: MON-0044304

Date of inspection: 21/11/2025

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Risk associated with the storage of clinical, and non-clinical items had not been identified, and managed to reduce the cross-contamination risk.</p> <p>This risk has been mitigated through the removal of clinical items from the storage area. Items remaining in this storage area are non-clinical, and staff have been briefed on the updated procedures to eliminate cross-contamination risks.</p> <p>Audits, and monitoring systems had not identified that a care plan to monitor the care of a resident with an Multidrug-resistant Organism (MDRO) was not presented in a appropriate care plan format.</p> <p>This risk has been mitigated through the removal of documents stappled to the care plan and all additional interventions are now written in the care plan. All staff have been briefed and instructed not to staple additional documents to an existing care plan.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Personal items were stored on the light console above their beds due to the lack of available shelving.</p> <p>Shelving has been erected at each bed side in St. Michaels ward to enable additional</p>	

storage of personal items.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Insufficient storage facilities in St. Michaels unit

This risk has been mitigated through the decluttering of the storage area. All items have been removed from the floor and clinical and non-clinical items have been segregated. Staff have been briefed on the updated procedures to eliminate cross-contamination risks.

Additional storage unit for activity items and decorations has been allocated to the activity team.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	19/12/2025
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	19/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that	Substantially Compliant	Yellow	28/11/2025

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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