



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Hospital, Carlow
Name of provider:	Health Service Executive
Address of centre:	Old Dublin Road, Carlow, Carlow
Type of inspection:	Unannounced
Date of inspection:	06 November 2020
Centre ID:	OSV-0000549
Fieldwork ID:	MON-0030763

About the designated centre

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

Sacred Heart Hospital is a 72 bed facility, located within walking distance of Carlow town centre. Residents' accommodation is arranged in three interconnecting units. The units are Sacred Heart unit has 26 beds, St Clare's unit has 22 beds and St James' unit has 24 beds. The centre provides care for male and female residents over 18 years of age with continuing care, dementia, respite, palliative care and rehabilitation needs. Residents' accommodation is arranged at ground floor level in 15 multiple occupancy bedrooms with four residents in each, three twin bedrooms and six single bedrooms. Every two multiple occupancy bedrooms share an en suite with three toilets, a wash basin and a shower. All single and twin bedrooms have full en suite facilities. There is a combined communal sitting and dining room on each unit. The provider employs nurses and care staff to provide care for residents on a 24 hour basis. The provider also employs GP, allied health professionals, catering, household, administration and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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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 6 November 2020	12:00hrs to 18:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Feedback from residents in the centre on the day of inspection was that they were very well cared for. One resident told the inspector that he had attended several hospitals in Dublin and he rated Sacred Heart Hospital highly in comparison regarding the standard of care and attention provided. The inspector found that a high standard of nursing care was provided to residents and their needs were met promptly.

On the day of inspection, the inspector observed that a small number of residents used the sitting and dining rooms to relax and to eat their meals. The majority of residents rested in chairs by their beds in their respective bedrooms. This suggested that day-to-day life in the centre was not interesting. However, residents reported that they preferred to spend a lot of their time in their bedrooms in the company of the other residents sharing the bedroom with them. Staff adapted social care they provided for residents' to respect their preference to cocoon in their bedrooms during the COVID-19 pandemic with meaningful daily one-to-one activities and small group activities for residents who liked to spend time in the communal areas.

Residents talked about their experiences and the impact of COVID-19 on their quality of life in the centre. Some said that they were 'absolutely willing' to accept the different way of living safely but looked forward to returning to normality soon. Residents acknowledged and were assured by the efforts staff were making to keep them safe. Staff took a person-centred approach to caring for residents and were observed by the inspector to encourage residents to be central to decisions regarding their routines and lives in the centre.

The inspector was told the three areas were separately staffed with a nurse responsible for each area. The corridors were quiet but residents were chatting with each other and their bed rooms were a hive of activity with staff going in and out during the day. One resident introduced another resident to the inspector and referred to him as 'a good friend, I made since I came here'.

Hand sanitisers were available at numerous locations throughout the centre. The inspector saw some residents using them. Chairs and beds in the bedrooms occupied by residents were at least two meters apart. Staff were observant of social distancing requirements with colleagues and residents unless providing care.

The inspectors saw that a number of bedrooms were personalised with residents' family photographs. However, in the absence of shelving, these photographs were displayed on the side of wardrobes. One resident had a very ornate silver coloured dressing table with a mirror. The inspector was told that this piece of furniture and a wardrobe was donated to the centre by the family of a past resident. Residents in the centre were continuing to enjoy this furniture. The inspector observed that the centre where residents were accommodated was visibly clean and generally in a good state of repair. However, in some places there was paint was missing off parts

of the walls and door frames. Therefore these surfaces could not be effectively cleaned. This is discussed further in the report.

Residents were very complimentary about the food provided for them and said that the choices they were afforded regarding what they ate was 'exceptionally good'. Modified diets were well presented and appetising.

Residents were very complimentary about staff, saying that staff were friendly, kind and understanding. One resident said that staff always took time to listen to them. Residents said that they found restricted visiting difficult at times but staff supported them to keep in touch with their families. Staff said they were making extra efforts to sit and chat with residents whenever they could and the inspector observed these interactions taking place. Some residents liked to go out into the enclosed gardens. One of the gardens had raised shrub beds and planters. There were chickens and other garden ornaments on display. One resident liked to plant and tend vegetables in the raised beds.

Residents told the inspector they had no complaints but if they were worried or dissatisfied about any part of the service they received, they would talk to staff on the units or their families.

Capacity and capability

Sacred Heart Hospital is managed by the Health Service Executive (HSE). The designated centre has an established governance and management structure and is locally managed by an appropriately qualified and experienced Person in Charge (PIC). However, the PIC had oversight responsibility for another centre on the campus that was managed by the acute services. This arrangement required review to ensure the person in charge was available on a full-time basis in the centre to ensure oversight of the planned refurbishment and building works due to commence in January 2021 and in the event of a COVID-19 outbreak in the centre.

The design and layout of the premises was not fit for purpose and the provider submitted a refurbishment plan to achieve compliance with regulation 17 and regulation 9. The plan informed a restrictive condition on the centres registration and was due for completion in August 2020. Due to unforeseen delays with completing these works including COVID-19, the provider applied to extend the date for completion to 31 December 2021. Interim improvements to provide residents with adequate storage space for their clothes and personal possessions were underway, while bedrooms were being refurbished. The second phase of works included creating additional communal space in the dining and sitting room in Sacred Heart unit.

The person in charge provided good local leadership and oversight of clinical effectiveness and the quality and safety of the service provided to residents. Audits

were analysed and informed continuous quality improvement. However, an infection prevention and control audit was necessary to strengthen preparedness of the centre for a COVID-19 outbreak.

An outbreak preparedness plan was developed and was kept up to date as new information and guidance became available. Two COVID-19 outbreaks in May and September were confined and contained to one staff member on both occasions with no residents or staff affected. Staffing levels continued to be closely monitored to ensure sufficient numbers of skilled staff in three separate teams were provided to meet residents' needs on each of the three units in the centre. This arrangement reduced staff crossover and risk of cross infection at unit level but needed further review to ensure it was compromised by an absence of separate dining facilities.

The person in charge ensured that staff were well informed about the typical and atypical symptoms of COVID-19, infection prevention and control procedures the latest infection control guidelines published by the health protection and surveillance centre (HPSC). Further education was necessary to ensure precautionary isolation procedures for residents admitted on a short term basis were strictly implemented to reduce potential for cross infection to other residents and staff.

Staff were also facilitated to attend mandatory and professional development training. Staff training included training on infection prevention and control, cleaning procedures, use of personal protective equipment and hand hygiene. Residents were well informed about COVID-19 infection prevention and control procedures. The provider facilitated staff to receive training on taking viral swabs to test for COVID-19 infection. This ensured testing was done without delay, that residents were isolated for the shortest time possible and helped to reduce unnecessary PPE use.

Communication with residents and their families was prioritised regarding the wellbeing of all residents. Feedback on the service was welcomed and procedures were in place for receiving and investigating any complaints received about the service.

Regulation 15: Staffing

Sufficient numbers of appropriately skilled staff were provided in accordance with the assessed support and care needs of residents and with regard to the layout of the centre. The centre was subdivided into three separate units with designated staff in each unit during the day and at night. Staff remained in the unit they were assigned to work in and did not move between the units for the purposes of limiting movement and potential for any spread of COVID-19 infection.

Residents were appropriately supervised and staff attended to their needs without

delay.

A planned and actual staff rota was available. Arrangements were in place to replace staff in the event of unplanned leave.

There was a minimum of two registered nurses on duty in each unit at all times during the day and at night. All nurses working in the centre had valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a system in place for monitoring and tracking all training done by staff and the staff training records were made available to the inspector. The training records confirmed that all staff were facilitated to attend up-to-date mandatory training in safeguarding residents from abuse, safe moving and handling procedures and fire safety training since the last inspection. Staff were also facilitated to attend training to support their professional development and to support their skills in caring for residents in the centre.

There was a focus on ensuring all staff attended training in infection prevention and control procedures and practices, timely identification of typical and atypical symptoms and care of residents with COVID-19 infection, hand hygiene procedures and donning and doffing of personal protective equipment (PPE). The person in charge told the inspector that further COVID-19 training by the infection prevention and control nurse specialist was arranged in the days following this inspection to ensure all staff were well informed regarding the infection prevention and control procedures and HPSC guidance they must follow in the event of an infection outbreak.

All staff were supervised on an appropriate basis according to their roles and were recruited, selected and vetted in accordance with best practice and legislative requirements.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files were examined by the inspector and they contained all information as required in Schedule 2 of the regulations since the last inspection. This information included vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The inspector received assurances from the person in charge that all staff working in the centre

had completed An Garda Siochana vetting disclosures before commencing employment and this information was in their staff files.

A signed and dated daily record of each resident's health, condition and treatments given was maintained by nursing staff.

A register of restrictive procedures or equipment used in the centre was maintained.

Judgment: Compliant

Regulation 22: Insurance

Certification of public liability insurance cover from September 2020 to September 2021 was made available to the inspector including confirmation that risk of injury to residents or loss of personal property was covered.

Judgment: Compliant

Regulation 23: Governance and management

The centre's governance and management structure was established and the provider had arrangements in place to ensure oversight of the quality and safety of the service. The provider representative met with the person in charge and the local management team on a monthly basis normally but more recently they met every two weeks during the national COVID-19 emergency. A standing agenda was used to ensure all areas of the service were reviewed including the refurbishment and building plan, quality and risk, complaints, staffing, infection prevention and control and COVID-19 outbreak preparedness.

The person in charge was not full-time in the centre as she had management and oversight responsibilities for another centre on the campus run by the provider. This arrangement did not ensure the person in charge was available on a full-time basis to oversee the extensive planned refurbishment and extension works or to manage a COVID-19 outbreak in the centre

Refurbishment work was necessary to provide residents with sufficient storage space for their clothing and personal belongings and adequate dining and sitting room space in Sacred Heart unit. This was an ongoing non compliance since 2015 and the refurbishment plan informed a restrictive condition of the centre's registration. The condition required the provider to refurbish and extend the premises as agreed by 31 August 2020. Due to unforeseen delays with completing these works, the provider applied to extend the date for completion to 31 December 2021. In order to reduce the negative impact on residents' quality of life and comfort in the centre, interim arrangements to provide residents with sufficient

storage facilities and privacy in four bedded rooms were required by the Chief inspector pending the completion of agreed works.

Systems were in place to monitor the quality and safety of the service and the quality of life for residents and informed continuous quality improvement. For the most part, data collated through auditing was analysed and action plans were developed. While a comprehensive environmental infection prevention and control audit was completed in February 2020, a repeat audit was warranted as areas needing improvement to mitigate risk of COVID-19 infection as found on this inspection were not identified previously. Key performance indicators of care were monitored and details of incidents of responsive behaviours, resident falls, infections, complaints, pressure ulcer development, weight loss among others were collated by the person in charge every 24 hours. Action plans were reviewed at monthly governance and management meetings and were progressed to completion. Local management meetings were held at regular intervals by the person in charge with the centre's local clinical management team.

A COVID-19 outbreak preparedness plan was developed for the centre and was kept under review and updated as necessary.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was recently revised and contained the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the management structure, the facilities and the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained in the centre. All incidents of serious injury to residents were notified to the Health Information and Quality Authority (HIQA) as required within the specified regulatory timescales. Notification of other specified events involving residents including notifications of suspected COVID-19 infection and two occasions where staff contracted COVID-19 infection. Quarterly reports were submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place describing the complaints procedure and management including the appeals procedure in the centre. The person responsible for the management of complaints was clearly identified as the person in charge and her photograph was displayed to inform residents of this role. All complaints were detailed in a complaints log on each unit and investigated without delay by the senior nurse. Complaints that could not be resolved at unit level were appropriately referred to the complaints officer. The outcome of investigations were communicated to complainants in all cases and their satisfaction with how the complaints were addressed was sought and recorded. An appeals procedure was in place and made available if any complainants were not satisfied with the outcome of their complaint investigation.

An independent advocacy service was available to support residents with making a complaint about the service if they wished.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available, accessible to all staff and were specific to the centre. These policies and procedures were reviewed and updated at intervals not exceeding three years to ensure the information within the policies reflected best practice information and up-to-date guidance. Policies to inform procedures relevant to COVID-19 such as, infection prevention and control, visiting in the centre and admission of residents were updated in accordance with evolving guidance.

Judgment: Compliant

Quality and safety

Environmental infection control and precautionary isolation procedures were identified as needing improvement on this inspection. The laundry and cleaners' room could not be effectively cleaned and posed a risk of cross infection to residents. Therefore not all infection control practices and procedures were in line

with the Health Protection and Surveillance Centre (HPSC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units V6.0 28/07/2020 and National Standards for Infection Prevention and Control in Community Settings.

Residents were supported and encouraged to have a quality of life that was respectful of their individual wishes and choices. There was evidence of good consultation with residents. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Residents were well cared for and gave positive feedback regarding many aspects of their care in the centre. In normal times, residents enjoyed the communal areas but many residents preferred to cocoon in their bedrooms while socially distancing. Staff made efforts to ensure that wearing face coverings was not a barrier to communicating with residents and were observed to be supportive and respectful in their interactions with residents.

The centre normally operates an open visiting policy. However, due to the COVID-19 level five restrictions, the centre was closed to visitors except in exceptional circumstances. Compassionate visits were facilitated for residents receiving end of life care. Scheduled window visits were facilitated as much as possible. One of the management team had adopted the role of family liaison and staff supported residents to keep in touch with their families by telephone and social media video technology.

Residents were provided with good standards of nursing care. The assessment process involved the use of a variety of validated tools and residents' care plans were found to be mostly person centred to clearly direct care. Although record keeping of assessments and residents' wellbeing and treatments was comprehensive, this detail was not consistently evident in some care plan documentation. Staff supported residents to maintain their independence where possible and residents' healthcare needs were well met. Residents had comprehensive access to general practitioner (GP) services and to a range of on-site allied health professionals and out-patient services. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated.

Residents' accommodation in the centre was provided on the ground floor in three interconnecting units. Access between the unit was ceased during COVID-19 to reduce the risk of cross infection and contain any incident of infection within one unit. Single bedrooms were available on each unit for isolation and end-of-life care. Residents' accommodation consisted mostly of four bed multiple occupancy bedrooms. Two four bedded bedrooms were recently refurbished with en suite facilities and were both vacant at the time of this inspection. However, the layout and design of the other four bedded bedrooms, including the arrangements where three cubicle toilets and a shower were shared by residents in each two adjoining four bedded bedrooms negatively impacted on residents' sleep as well as their privacy and dignity. Plans were scheduled to commence in January 2021 to refurbish all four bedded bedrooms including provision of sufficient wardrobe space

and storage facilities. Communal sitting and dining room accommodation in one unit was not adequate and did not meet residents' needs. The provider was committed to extending this room to provide sufficient space for all residents to rest and eat in the communal room if they wished.

Residents' medicines were safely managed, stored safely, reviewed by residents' general practitioner (GP) and administered as prescribed.

All staff interactions with residents were courteous and kind. Residents confirmed they felt safe in the centre. The inspector found that procedures were in place to ensure that residents were safeguarded from abuse and that any incidents, suspicions or disclosures of abuse were appropriately investigated and addressed. However, residents' safety was not assured by uncontrolled access by unauthorised persons into residents' accommodation in one unit in the centre.

Regulation 11: Visits

The centre normally operated an open visiting policy but due to the COVID-19 pandemic and national restrictions, visiting was not permitted except in exceptional circumstances or on compassionate grounds for residents who were very ill and receiving end-of-life care. These visits were strictly informed by public health guidance, which included screening for symptoms of COVID-19, wearing of recommended PPE and appropriate hand hygiene. Residents were all accommodated in bedrooms at ground floor level and scheduled window visits by their close relatives were being facilitated on the day of inspection.

Residents were being supported by staff to keep in contact with their families through social media video technology and telephone calls. Residents' relatives were kept updated by a designated staff member regarding the wellbeing of residents in the centre.

Judgment: Compliant

Regulation 13: End of life

Staff provided end-of-life care to residents with the support of their general practitioner and the community palliative care team. Residents were given opportunity to express their end-of-life care wishes and preferences. Where residents were unable to make their wishes and preferences known, staff spoke to their families to get this information on each resident's behalf. A care plan was developed to ensure residents' individual wishes and preferences were known and respected including care to meet their physical, psychological and spiritual care needs. Since the last inspection, this information was updated regularly to ensure residents had sufficient opportunity to participate in their care

decisions while they were well.

Advanced care directives were in place for some residents and the inspector saw that this information was collated in consultation with individual residents and their families. These decisions were reviewed regularly and updated as necessary including during the COVID-19 pandemic.

Residents were provided with support from local clergy to meet their faith needs and they also had access to a small oratory for their removal services if they wished. Some single bedroom accommodation was available on each of the three units and was used for residents receiving end-of-life care.

Measures were taken to ensure residents did not experience pain, residents' level of pain and the effectiveness of pain management medicines administered was monitored.

Judgment: Compliant

Regulation 17: Premises

There was insufficient storage facilities for residents' clothing and personal belongings in the three units and there was confined dining and sitting room facilities in Sacred Heart Unit. These issues have been highlighted by inspectors since 2015. These findings had a negative impact on the quality of life and comfort of residents.

There was insufficient storage space available for residents' personal clothing and possessions. A narrow short wardrobe secured to the wall by each resident's bed did not provide them with sufficient storage space. The inspector saw that one resident had a plastic drawer unit by their bed as additional storage space for their clothes. Two other residents had a freestanding domestic style double wardrobe by their beds to supplement the wardrobe space provided to them.

Since the last inspection in March 2018, the provider had refurbished two four bedded bedrooms to include provision of a spacious wardrobe for each resident in these rooms. The provider has plans in place to commence the refurbishment of all other bedrooms in January 2021 to include replacement of all existing wardrobes. The plans also included realignment of the screen curtain rails from six bed spaces to four bed spaces. Work was underway to improve storage available to residents for their clothing and personal possessions in the interim.

The communal room in Sacred Heart Unit unit was provided in a combined sitting and dining room arrangement. Before COVID-19, the layout, design and space available in this room did not facilitate all residents to sit or dine together or provide each resident with minimum communal space of four square meters as recommended by the Standards for Residential Care Settings for Older People in Ireland (2016). The inspector saw that most residents sat in chairs by their beds

and ate their meals there on the day of inspection.

Overall, there were sufficient toilets and showers but showers and toilets were shared by every two of 10 four bedded bedrooms. Therefore, in the event of residents contracting COVID-19 infection in any of these 10 four bedded rooms, residents in the adjacent bedroom would not have access to the shared toilet and shower. A shower and three toilets were provided in shared facilities. Cubicle toilets/shower facilities and the location of curtain screening around beds did not protect residents' privacy and dignity or prevent noise and malodours. This finding is discussed under Regulation 9: Residents' rights in this report.

Handrails were fitted along circulating corridors. Grab rails were fitted on both sides of most toilets but a number of toilets had a grab rail fitted on one side only. Safe floor covering was in place throughout the centre. Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. The inspector observed that the surfaces of some walls and door frames were damaged and in need of repair and repainting. Surface areas on bed tables in all areas of the centre were in need of repainting.

Judgment: Not compliant

Regulation 27: Infection control

Improvements were necessary to ensure that infection prevention and control in the centre reflected the National Standards and COVID-19 prevention and control guidance provided by the Health Protection and Surveillance Centre (HPSC) regarding the management of storage, cleaner's facilities, laundry facilities and precautionary isolation arrangements.

The centre was divided into three separate units with three separate staff teams in each. Separate staff changing facilities were provided but staff shared dining facilities.

Residents and staff were screened twice daily for any signs or symptoms of COVID-19 infection and were aware that they must report any symptoms they may have without delay and not attend the centre if feeling unwell. Hand sanitisers were located at frequent and convenient intervals throughout the three units. Staff were observed to use appropriate hand hygiene procedures.

Waste was appropriately segregated and clinical waste was stored securely awaiting removal by an external provider. Waste bags were no more than three quarters full and were placed in a collection trolley in the sluice rooms at unit level. This procedure ensured that they were not placed on the floor.

There was a plentiful supply of PPE available and protective items were appropriately used by staff. Staff wore face coverings at all times in the centre. Signage was in place on entering the premises advising of COVID-19

precautions. Equipment in use was noted to be spotlessly clean and there was a cleaning schedule in place to ensure that frequently touched surfaces were cleaned at regular intervals. There was a flat mop system in place for floor cleaning and cleaning equipment was colour coded for surface cleaning to mitigate risk of cross infection.

Residents' personal clothing and bed linen was laundered in a central laundry on another part of the campus. There were two washing machines in a room used as a cleaner's room. One industrial washing machine was used for the sole purpose of laundering floor mops. A second was purchased for washing residents' laundry as part of the COVID-19 preparedness plan in the event of the current laundry facilities not being available for residents. However, this room was not fit for purpose as it could not be effectively cleaned due to large exposed pipes along part of one wall and several items of inappropriate equipment placed on top of each other preventing access to one part of the room. The floor surface was also damaged hindering effective cleaning.

All areas accessed by residents were cleared of clutter including any items that could not be effectively cleaned. However, storage of seven pressure relieving mattresses and boxes of PPE directly on the floor in a room off the residents' sitting/dining room in St James unit did not facilitate effective floor cleaning in this area. There was inappropriate items such as staff clothing, handbags and curtains stored on open shelving in another room used to store supplements and nutritious drinks.

A sluice and bedpan disinfection unit was available in each unit with appropriate hand hygiene facilities.

The inspector was told that ten residents were admitted in one unit from the community for rehabilitation. Although these residents had tested negative for COVID-19, they were in precautionary isolation for 14 days. However, the arrangements in place were not in line with HPSC guidance for precautionary isolation and therefore there was a risk of cross infection to other residents including eight residents receiving long-term care, due to the following;

- appropriate advisory signage was not displayed
- residents in precautionary isolation were accommodated in four bedded rooms
- doors to the bedrooms of residents in precautionary isolation were open throughout the day of inspection.
- one resident in precautionary isolation was outside their bedroom and traveling along the corridors

All chairs in the sitting rooms, dining tables and chairs in the dining rooms and residents' beds in multiple occupancy bed were arranged to facilitate at least two meter social distancing. The two bedrooms recently refurbished four bedded bedrooms were not occupied on the day of inspection.

Staff prompted residents regarding hand hygiene, cough and respiratory etiquette.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices in the centre. Practices in relation to prescribing and medication reviews met with regulatory requirements and nursing staff practices reflected professional guidelines. Residents had access to the pharmacist responsible for dispensing their medicines. The pharmacist was facilitated to meet their obligations and completed regular medicine audits.

Medicines controlled by misuse of drugs legislation were stored securely and the balances were checked by two staff at each staff changeover. Medicines that required refrigerated storage were stored appropriately and storage temperatures were checked daily. Procedures were in place for return of unused or out-of-date medicines to the pharmacy. Procedures were put in place since the last inspection to ensure multidose medicine preparations were dated on opening to ensure use did not exceed timescales as recommended by the manufacturers. The inspector observed that this was consistently completed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's needs on admission and regularly thereafter. This process included assessment of each resident's risk of falling, malnutrition, pressure related skin damage, depression and their mobility and support needs. These assessments informed the development of care plans that described the care and support interventions to be implemented by staff to meet their assessed needs. There was good evidence of improvements made to the detail provided in residents' care plans examined. Each resident had a COVID-19 infection prevention care plan in place. The interventions described were person-centred and reflected residents' individual preferences for the most part. However, improvement was found to be necessary in others including care plans describing residents' personal care preferences and behaviour support care plans. Detail including the frequency with which blood glucose levels should be assessed for a resident with diabetes and their optimal blood glucose parameters were not described in their care plan. As found on the last inspection, these findings were particularly relevant as some staff were contracted from an external agency and may not be familiar with residents' individual

preferences. Residents care plans were reviewed regularly and were updated as necessary. Residents, or their families on their behalf were involved in their care plan development and in subsequent reviews. Records were maintained of this consultation process.

Residents with assessed risk of developing pressure related skin damage were closely monitored and had appropriate prevention procedures in place including assistance with regular repositioning, pressure relieving mattress and cushions and input from the dietician to optimise their nutritional intake. Wound management and care procedures reflected evidence based practice.

Residents were closely monitored for any deterioration in their health and wellbeing and residents' good health was optimised with regular supervised exercise as part of their activity programme, blood profiling, immunisation, access to national health screening programmes and vital sign monitoring.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were met to a good standard. Residents were provided with timely access to medical and allied health professional services. Residents' GPs visited the centre on a regular basis and they had access to on-call GP services outside of normal working hours. Residents in the centre were cared for by general practitioners from a local practice as they wished. Allied Health professionals including physiotherapy, occupational therapy, speech and language therapy and dietician services were based on-site in the adjacent day hospital and attended residents without any delay as needed. Psychiatry of later life, palliative care, tissue viability specialist and chiropody services were also available to residents as necessary.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents were predisposed to 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) from time to time due to their medical diagnosis. There were systems in place to support these residents with managing episodes of responsive behaviours including a policy available to inform staff on support and management of responsive behaviours. A behaviour support care plan was developed for residents with responsive behaviours and these residents were observed to be very well supported. Staff were very

knowledgeable regarding the most appropriate and most effective person-centred strategies that should be used to de-escalate responsive behaviours but, this information was not clearly detailed in some resident's behaviour support care plans to guide consistency in care procedures. This finding is actioned under Regulation 5: Assessment and Care Planning. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Detailed documentation was completed to record episodes of responsive behaviours to inform care and treatment interventions. There was no use of sedative medications on an 'as required' (PRN) basis.

Evidence of committed and consistent work was continued by staff to make the centre a minimum restraint environment. Bedrails were in use for a very small number of residents and the alternatives tried before using full-length bedrails were described. Residents' safety using bedrails was assessed prior to their use and procedures were in place to ensure they were only used for minimum periods of time. Alternative non-restrictive equipment such as low low beds and bed alarms was used to support vulnerable residents where possible.

Judgment: Compliant

Regulation 8: Protection

While there were measures and procedures in place to safeguard residents from abuse, their safety was compromised by the absence of a gate to secure an outdoor area for residents in one unit. Access to this outdoor area was from the residents' sitting and dining room. This was open so residents could go outdoors if they wished. As this door was not supervised by staff at all times, there was a risk that members of the public could enter residents' accommodation unrestricted. The person in charge told the inspector that this risk had already been identified and a gate to secure the area for residents would be erected.

Staff were facilitated to attend training in safeguarding residents from abuse. Staff were knowledgeable regarding how different kinds of abuse may present and were aware of their responsibility to report any disclosures or incidents they may be told about, witness or suspect. Residents who spoke with the inspector said that they felt very safe and secure in the centre and that staff were always kind towards them. All interactions by staff with residents observed by the inspector on the day of inspection were courteous, patient and kind.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were consulted with in relation to the organisation and running of the centre with regular resident meetings in each of the units in the centre. The person in charge and staff valued residents' feedback and this was demonstrated in a recent review of storage for residents' clothing and personal items. Their feedback was also used during the recent refurbishment of two four bedded bedrooms. Residents were well informed regarding changes in the organisation of the centre and the rationale for ongoing measures in place to keep them safe including social distancing in communal areas and shared bedrooms, hand hygiene, respiratory etiquette and increased monitoring of their vital signs.

A member of staff had responsibility for facilitating residents' daily activities. Most residents remained in their bedrooms and activities were focused on one-to-one engagement. An activity schedule was prepared and displayed on large white boards in the sitting- dining rooms in each unit. The schedule was informed by the interests and activity preferences of each resident. Records of the activities each resident participated in evidenced that each residents was supported to enjoy meaningful activities every day. Activities were also facilitated in small group arrangements due to social distancing requirements in the sitting-dining rooms to ensure each resident's interests and capabilities were catered for. A social assessment was completed for each resident and this gave an insight into each resident's history, hobbies and preferences. Health care staff supported activity staff with meeting residents' social and emotional needs and they spent time with residents to ensure they were not lonely as they had less contact with their families due to COVID-19.

Residents had access to an oratory and mass streamed remotely in their bedrooms or in the sitting-dining room. The Church of Ireland minister and the Roman Catholic priest visited residents in the centre as they wished.

Although staff made efforts to maintain residents' privacy in bedrooms with four beds, the layout of these bedrooms did not ensure residents privacy and dignity was met to a sufficient standard. The toilets in the facilities shared by 10 four bedded bedrooms were cubicle in design and did not ensure privacy. Staff made diligent efforts to respect residents' privacy and dignity in multiple occupancy bedrooms by closing screening curtains around beds and closing bedroom doors during personal care procedures. However, due to the layout and design of multiple occupancy bedrooms, accommodating four residents, residents' privacy and dignity needs could not be met to a satisfactory standard. Privacy screen curtain rails were fitted to accommodate six beds in each of these bedrooms. As placement of curtain rails had not been reconfigured to provide screening for four residents in these bedrooms, the curtains closed in close proximity to residents' beds. This arrangement did not provide sufficient space to ensure the privacy and dignity needs of residents needing assistive equipment to transfer in and out of bed was met. In addition it did not increase the personal space around the beds for residents. Hooks were also missing on some residents' privacy curtains, causing them to loop down or hang loosely.

There was no shelf space available to residents in four bed and twin bedrooms to display their photographs and ornaments. However, the inspector observed that

shelving was provided in two refurbished four bedded rooms. Work to refurbish all four bedded bedrooms was scheduled to commence in January 2021.

Judgment: Not 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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sacred Heart Hospital, Carlow OSV-0000549

Inspection ID: MON-0030763

Date of inspection: 06/11/2020

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: <ul style="list-style-type: none"> • The PIC will be available on a full time basis in the centre to ensure oversight of the planned refurbishment and building works due to commence January 2021 and in the event of an outbreak • Timeframe for completion – 11/01/2021 	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Plan of interim measures has been submitted. • Bedrooms in phase 1 now in use, all residents have adequate storage provided. • Interim measures being taken to provide sufficient storage space for all residents. • Timeframe for completion – 31/12/20 	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • Environmental audit undertaken by Infection prevention & Control – 25/11/20 	

<ul style="list-style-type: none"> • Practice audit was completed by Infection prevention & Control - 30/11/2020 • All recommendations are being implemented • Appropriate signage for precautionary isolation in place. • Timeframe - complete 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • A specific review has commenced in relation to individual care plans • Two changes has occurred, in relation to behavior that challenges, any specific relevant detail is entered in the resident's Covid care plan. • There is a summary of care plan entered at the front of the residents file with relevant information specific to the resident to act as a guide in relation to specifics in relation to care needs. • Timeframe for completion - 18/12/2020 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • This is no longer a risk as it is no longer occupied by residents as they were decanted to the refurbished area on 16/11/2020. Timeframe complete. • The gate is being erected timeframe- 31/12/2020. • The door is locked for security as there are no residents in the area. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • All bed screens are being reviewed in relation to replacement hooks where required. • Shelf space for each individual resident is being addressed in phase 2, in the interim, social care team are working closely with residents 7 & families in relation to space requirements as an interim measure. • Timeframe for completion – 31/12/2020. 	

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2020
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.	Not Compliant	Orange	31/12/2020
Regulation 23(b)	The registered provider shall ensure that there	Not Compliant	Orange	11/01/2021

	is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	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	11/01/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/11/2020
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the	Substantially Compliant	Yellow	18/12/2020

	designated centre concerned.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/12/2020
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/12/2020