

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Sacred Heart Nursing Home
Centre ID:	OSV-0005557
Centre address:	Crosspatrick, Johnstown, Kilkenny.
Telephone number:	056 883 1318
Email address:	sacredheartnursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sacred Heart Nursing Home Limited
Provider Nominee:	Sacred Heart Nursing Home Limited
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 October 2017 08:40 To: 04 October 2017 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection and took place over one day. The inspection was completed in response to an application made by the provider to vary a condition of the centre's registration and increase the maximum occupancy by 13 beds to 48 beds following construction of a new extension to the current designated centre.

On the day of inspection, the inspector spoke with residents and staff members and reviewed documentation including care plans, policies, risk management, audits, medicine management records and staff training records. Progress with completion of the action plan developed from findings of the last inspection of the centre in December 2016 were also reviewed. There were two actions identified in the action plan from the last inspection, both of which had been addressed.

Residents were consulted about the operation of the centre and were well informed regarding the new extension. Residents told the inspector that they enjoyed watching the building progress over the last few months. Arrangements were in place to facilitate them to view it and change their current room location if they wished. The collective feedback from residents was complimentary in relation to care and the service provided.

The inspector found the new extension provided a comfortable and spacious

environment for residents and was in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016). The newly built extension was found to provide enhanced bedroom and communal space. Bedrooms were spacious and bright and benefitted from ample natural light.

Overall, the inspector was satisfied that there was systems in place to ensure effective, consistent governance and to ensure that the quality and safety of resident care was monitored on a continuous basis. The plan to schedule admissions of residents and correlating staffing levels were discussed and agreed with the person in charge.

The action plan at the end of this report identifies one improvement that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People (2016).

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose and function contained all of the information as required by the regulations. The document was revised to reflect the additional accommodation and service provided by the new 13 bed extension to the current premises. A copy of the statement of purpose and function was available and accessible to residents. The statement of purpose and function clearly described the range of needs that the designated centre intended to meet and outlined the services provided.

The management team were aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The governance arrangements in place reflected the information available in the statement of purpose and the evidence collated during this inspection indicated that the centre was managed effectively and was appropriately resourced to meet the needs of residents. There was a formal management structure in place and the lines of accountability and authority were adhered to in day-to-day practice. Staff were aware of who was in charge each day and knew how to report through the management structure.

Systems were in place to ensure that the service provided met residents' needs, was safe, effectively managed and monitored. There was a residents' committee that met regularly and the inspector observed that the regular meetings gave them a forum to express their views and they said that changes were made as a result of their opinions. Satisfaction surveys that had been completed in 2016 indicated overall satisfaction with the services provided.

The inspector reviewed audits completed by the management team. Some areas reviewed included medicines management, meals and mealtimes, nutrition, falls and residents' records. The person in charge discussed improvements that were identified with staff and any action plans to address any deficits were outlined as observed by the inspector.

An annual review of the quality and safety of care had been completed for 2016 and it informed the service plan for 2017 as observed by the inspector. There were adequate resources deployed to meet the needs of residents in relation to staff, training opportunities, equipment and ancillary services to ensure appropriate care was delivered to residents.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the previous inspection it was found that the directory of residents was not in accordance with the regulations. On this inspection this action plan had been completed.

The directory of residents was maintained and a sample of six entries was viewed by the inspector and found to contain all of the required information.

Written operational policies were in place as required by Schedule 5 of the regulations and were up-to-date.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

From a review of the risk management documentation held in the centre, the inspector found that the centre had relevant policies in place relating to risk management. There was a risk register which identified the risks and put controls in place either to minimise or fully control the risk. There was an up-to-date health and safety statement and related policies and procedures. The inspector reviewed the emergency plan and found it to be sufficient to guide staff and management in their roles in the event of an emergency evacuation.

Certification and inspection documents were available on fire fighting equipment service, emergency lighting tests and at a minimum six-monthly fire drills were conducted as part of staff fire safety training. It was noted that all staff working in the centre had received fire safety training in the past 12 months. There was a fire safety certificate available for the new extension dated 21 September 2017.

The inspector saw that the local fire brigade had completed a recent familiarisation training exercise at the centre. The person in charge had completed a fire trainers course. There was a smoking room available which was adequately ventilated and had a fire extinguisher. Residents who smoked had appropriate risk assessments completed. However, the inspector observed that there was no glass panelling in the door of the smoking room therefore it was impossible to see residents when they were smoking in the event that an emergency may occur.

The training records showed that staff had up-to-date training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified and outlined in an assessment. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects.

Measures had been put in place to facilitate the mobility of residents and to prevent accidents. These included the provision of handrails in circulation areas, grab-rails in assisted toilets and safe flooring in toilets and bathrooms. The centre had wide corridors in the new extension also enabling easy access for residents in wheelchairs and those people using walking frames or other mobility appliances.

Infection control precautions within the centre were satisfactory. Hand sanitisers were available throughout the centre and staff and visitors were observed using these. The provider has contracts in place for the regular servicing of equipment and the inspector saw that equipment such as specialist beds, hoists, wheelchairs and clinical equipment were regularly checked and serviced.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medicine management policies were last reviewed in September 2016. Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the delivery and collection by the pharmacy, and checking, storage, return and disposal of medicines by nurses.

Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. The inspector checked a stock balance and found that it was correct. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines. Medication administration practices were found to adhere to current professional guidelines. The inspector saw that nursing staff completed yearly competency assessments in medicines management.

The inspector reviewed a sample of prescription records and saw that they complied with best practice and included the maximum doses of p.r.n medicines (a medicine only

taken as the need arises) to be administered over any 24 hour period. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and the signature of the GP was in place for each drug prescribed in the sample of drug charts examined.

There were procedures to ensure medication practices were reviewed and monitored. The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis conducting audits of medicines management practice in the centre.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the design and layout of the centre was suitable for its stated purpose. Building works to the designated centre, external to the current footprint, were completed to accommodate the additional number of residents in 13 single ensuite bedrooms. The new extension will allow the centre a total capacity to accommodate 48 residents. The entrance has a bright spacious reception area with the office of the person in charge within open access to residents, relatives and staff. There was adequate sitting and recreational space available other than residents' private accommodation.

Additional rooms included a therapy/treatment room, an oratory, cleaning room, visitor's toilet, residents' toilet and a storage room. There was also a lower floor in the basement which will be used as storage space, office space and staff facilities. When the outside grounds are completed there will be a large enclosed patio area available to residents.

The existing premises are a single-storey building. Residents are accommodated in 12 single bedrooms, five twin bedrooms, three bedrooms accommodating three residents in each and one bedroom accommodating four residents. Communal areas comprised a

large sitting room, a second smaller sitting room where residents could relax in a quiet environment, two dining rooms, a small prayer room and a smoking room.

The existing premises were identified as an issue on previous inspections in relation to layout and space of shared bedrooms by HIQA. Reconfiguration of existing rooms had occurred to maximise on space available in multi-occupancy bedrooms. Shared bedrooms had appropriate screening for residents' privacy. Televisions, wardrobes and bedside lockers were available to all residents. The inspector spoke with male and female residents that lived in shared bedrooms. Residents told the inspector that they were very happy sharing bedrooms and enjoyed the company. The provider was cognisant of the dependency levels of residents admitted to sharing rooms as outlined in the statement of purpose.

There was an adequate number of toilets and assisted showers in the existing premises to meet the needs of residents but they were not suitably located proximal to bedrooms. For example, there was only one toilet located in the original part of the centre where the bedrooms that were not ensuite were located and none of the assisted showers were located in this part of the centre. The provider is addressing this issue and converting an existing staff toilet to toilet and shower facilities for residents. This will be completed by 31 December 2017.

There was dementia friendly signage throughout the centre. There were contrasting colours on the toilet doors. They were bright blue colour with contrasting red signage. Residents had access to safe secure outdoor space. The residents' toilet door in the new extension was also blue.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there was sufficient numbers and staff skill-mix on the day of inspection to meet the required needs of the current residents in the centre. A staffing

plan developed by the management team was demonstrated to the inspector to increment all staffing grades in tandem with the admission of 13 new residents. An admission schedule was also in place to admit a maximum of three residents per week Monday to Thursday to ensure the needs of all residents are met. The proposed staffing levels to meet the needs of 48 residents comprised of 134 care hours which is equal to 2.79 care hours per resident per day. The clinical management structure in place ensured senior clinical staff were on-site each day. There was evidence available of regular management and staff meetings.

Training records showed that regular training had been undertaken and staff spoken with confirmed this. Training included safeguarding vulnerable adults, patient moving and handling, fire safety and cardio pulmonary resuscitation. All staff nurses had additional training such as medicines management, infection control, wound management, nutrition and dementia training. The training matrix evidenced that all mandatory training was up to date. Annual appraisals were completed for all staff.

The inspector reviewed a sample of staff files and found these to be in compliance with Schedule 2. The person in charge gave verbal assurances that all staff were Garda vetted. The inspector saw that nurses' professional registration details were on file and up to date. The inspector saw induction programme schedules and records for each staff grade, already completed by some current staff and for new staff recruited to meet increased staffing requirements. Many staff spoken with had worked for many years and they told the inspector they enjoyed working in the centre and felt well supported by the management team.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ide Cronin
Inspector of Social Services
Regulation Directorate
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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Sacred Heart Nursing Home
Centre ID:	OSV-0005557
Date of inspection:	04/10/2017
Date of response:	13/10/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspector observed that there was no glass panelling in the door of the smoking room therefore it was impossible to see residents when they were smoking.

1. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

the designated centre.

Please state the actions you have taken or are planning to take:

Glass panelling was placed in the door as advised. This was completed within five working days of the inspection.

Proposed Timescale: 13/10/2017