



**Health
Information
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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 & Care Home
Name of provider:	Health Service Executive
Address of centre:	Sacred Heart Hospital & Care Home, Golf Link Road, Roscommon
Type of inspection:	Unannounced
Date of inspection:	09 August 2022
Centre ID:	OSV-0000654
Fieldwork ID:	MON-0037645

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 ninety five adults. The centre is organised into four units. St Catherine's unit has 37 places beds which include 24 places devoted to long term care and 12 places for residents who require respite care or rehabilitation. It also has one palliative care suite. Our Lady's unit provides care for 17 residents who require long term care. St Michael's and St Josephs provide 20 and 17 places respectively for long term care. 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 on 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 provide the daily activities programme.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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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
Tuesday 9 August 2022	08:30hrs to 17:20hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. It was apparent from observations on the day, and from what residents told the inspector that the residents appeared content living in the Sacred Heart Hospital & Care Home. On arrival to the centre, the Inspector was met by the person in charge. After a short opening meeting, the inspector was taken on a tour of the centre by the person in charge. It was evident from the walk around with the person in charge that she was well known to the residents, whom many greeted her by her name and were complimentary about the care provided.

The inspector observed a calm and relaxed atmosphere in the parts of the centre viewed during the inspection. The interactions between staff and residents observed was kind and respectful. Staff were seen providing prompt assistance to residents. The inspector saw that some residents were sitting in communal rooms, some were mobilising around the nursing home and others were seen in their bedrooms.

On the day of inspection three residents who spoke in detail with the inspector appeared satisfied living in this centre. One said that they were very happy and 'really enjoyed all the days out', and also said 'they are all very good to me'. The second resident told the inspector 'it was good to see visitors coming and going again'. Another told the inspector the centre supported him with his interests. Visits were seen taking place by the inspector during the course of the inspection.

There was several enclosed garden areas. They were wheelchair-friendly with wide paths throughout. There was garden furniture for residents and their families to sit and enjoy the surroundings, flowers and green housing with vegetables. The inspector observed several resident's enjoying the sunshine on the day of inspection with suitable sun protection and ice cream distribution for residents enjoying the sunshine but also for those inside the building.

Sacred Heart Hospital & Care Home was currently registered to accommodate 91 residents, on the day of inspection there was 59 residents living in the centre. Three of the four units that comprised the designated centre, St Catherine's, Our Ladies and St Joseph's were open and were being used to provide accommodation to residents, while the fourth unit St Michael's was closed due to ongoing decoration and upgrade works. The inspector was informed by the person in charge that these works had commenced in February 2022 but that the completion date was approximately November, 2022.

The provider had provided décor and furnishings throughout the centre, such as paintings, cabinets and ornaments. The areas of the nursing home viewed by the inspector for the most part were visibly clean. However, some areas were cluttered and maintenance and repairs were needed so effective cleaning and disinfection could be accomplished. For example; a store room contained a staff changing area, resident equipment and multiple boxes. Communal bathrooms were storing

commode chairs and hoists. Repairs to flooring were 'highlighted' by yellow hazardous tape which was not only unsightly but difficult to clean due to sticky tape lifting from the floor.

There were ongoing concerns regarding the premises, particularly in relation to the provision of the multi-occupancy bedrooms which impact not only on the available private space for residents but also pose an infection prevention and control risk due to the close proximity to each other. However, the provider has committed that all residents who currently occupy a fourth bed in these bedrooms will on or before 20th November 2022, be accommodated in compliant bedrooms in the refurbished St Michael's Ward.

Most resident equipment seen was visibly clean and in good condition. 12 out of 12 pillows and 6 out of 6 mattresses were checked and all were undamaged and clean. However, some commodes were seen to be rusty and chair-fabric was ripped, which makes cleaning very difficult. Additionally, hoists, wheelchairs, resident wipes, sanitary items and boxes were stored inappropriately in sluices, bathrooms and storage areas. This practice increases the risk of cross contamination and risk of infection for residents.

There were clinical hand-wash sinks available in the centre which were accessible to bedrooms. Some were compliant with HBN 00-10 part C sanitary assemblies however, a number were not. Staff did have access to wall mounted alcohol gel dispensers to support hand-hygiene practices.

There was inadequate facilities for the cleaning and disinfection of reusable plastic bedpans between uses in St Catherine's sluice room (sluice room is a room found in health-care facilities such as hospitals and nursing homes, that is specifically designed for the disposal of human waste products and disinfection of associated items). Brown staining was found on all four of the plastic slipper pans seen in this room, demonstrating inadequate cleaning and disinfecting of these shared resident equipment.

Staff were observed to be following infection prevention and control guidance such as the wearing of masks and washing hands for the most part, but two members of staff were seen to be wearing gloves inappropriately, which is not in line with standard precautions and could lead to cross contamination and a risk of infection for residents.

There was a purpose built hair-dressing and barber salon which was clean. However, hairdressing equipment such as brushes and rollers were not all clean and there was no sterilising unit in place for hair brushes and equipment.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This inspection focused specifically on Regulation 27: Infection Control. Regulation 27 requires that the registered provider ensures that procedures, consistent with the HIQA National Standards for Infection Control in Community Services (2018) are implemented by staff.

Overall the inspector found that while the registered provider was striving to implement systems and controls to protect residents from the risks associated with infections, improvements were required in relation to storage, maintenance, premises and infection prevention and control governance and oversight to comply with Regulation 27: Infection control.

The Health Service Executive (HSE) is the registered provider for this designated centre. There was a clearly defined management structure in place that was accountable for the delivery of safe and effective health and social care to residents. The management team consisted of a general manager, a manager for older person services and the person in charge. A team of nurses, health care assistants, household, catering, maintenance, physiotherapy and occupation therapy support were also involved in the delivery of care to the residents in the designated centre. Overall accountability for infection prevention and control within the centre rested with the person in charge who was also the designated COVID-19 lead, with support from the assistant director of nursing and clinical nurse managers.

From the records provided to the inspector staff, resident and management meeting records were taking place frequently. The meeting minutes shown to the inspector included discussions surrounding upgrading the physical environment, storage, hand-washing, visiting and COVID-19 risks. However, there were lost opportunities to improve the quality and safety of care for residents, by means of correcting these deficits. For example; it was noted during a hygiene audit in February, 2022 there was ongoing maintenance issues with flooring, walls requiring painting and repairs. Furthermore, a quality improvement plan seen dated April 2022 discussed damaged flooring and sink upgrades were required. These issues were still evident on the day of inspection.

There were some good practices surrounding Infection Prevention and Control, the outbreak management plan was easy to read and had clear arrangements to be instigated in the event of a further outbreak of COVID-19 infection. An outbreak of COVID-19 was declared over on the 1st July, 2022. A formal review of the management of a previous outbreak of COVID-19 to include lessons learned had been completed as recommended in national guidelines.

All HSE and Health Protection Surveillance Centre (HPSC) Infection Control guidance and their own infection prevention and control policies were available and up to date for staff to use. The centre had access to the HSE infection prevention and control specialist team for infection prevention and control advice and support.

All Staff had received education and training in infection prevention and control and there were Infection Prevention and Control link nurses on site to support staff training in hand hygiene and IPC practices. Records reviewed showed much of the training was online.

Staffing on the day of inspection was in line with centre Statement of Purpose. There was sufficient numbers of staff available in the designated centre on the day of the inspection to meet the needs of the residents. The sample of residents spoken to felt staff were available when they needed help and came to their assistance when called. Staff members spoken to by the inspector felt supported by management and felt staffing levels were appropriate to their workload. Arrangements were in place to maintain staffing levels to cover staff absences.

Quality and safety

Overall, while there were areas of good practice and governance noted with infection prevention and control procedures, it was found that improvements were required to ensure residents received care in a safe and clean environment that minimised the risk of acquiring a health care-associated infection and to become fully compliant with Regulation 27 : Infection Control.

Residents spoken to informed the inspector that they were aware of some of the COVID-19 restrictions but were happy that life is returning to a more normal state where their visitors could support them in a more meaningful way. The centre also discussed infection prevention and control in their annual review of their quality and safety of care and support review. The provider had copies of resident information leaflets to hand out in the event that a resident had a diagnosis of an infection or colonisation. Residents had good access to health-care services based on their assessed needs and choices.

COVID-19 care plan, infection prevention and control care plans and appropriate risk assessments were in place for all residents care plans viewed. Information about hand hygiene, cough etiquette and COVID-19 had been provided to residents, as evidenced in resident meetings.

Staff spoken to, were aware of residents who were prescribed antibiotics, and the provider was using their transfer form when transferring their residents into hospital if unwell. This form included detail on infection prevention and control information.. A sample of five care plans, both wound care and visiting plans were seen by the inspector, and were appropriate.

Open-but-unused portions of wound dressings were observed in a drawer. The re-use of these dressings increases the risk of cross contamination and impact the effectiveness of the dressing.

The environment in the main was clean, however in some areas where storage was

inappropriate and cluttered it was difficult to clean those areas sufficiently. A cleaning committee had been created to review cleaning practices in the centre. There was regular monitoring of cleaning and cleaning audits to ensure processes were fit for purpose. There was however, a lack of oversight and supervision of cleaning processes and staff. The disinfectant solution was not diluted correctly and the prescribed contact time to ensure effectiveness was not in place. Prepared cleaning chemicals also were not labelled and dated to ensure expected shelf life did not expire. The housekeeping room did not store chemicals within a dedicated store which is necessary to ensure the safety, stability and longevity of the chemicals. Similarly, there was inappropriate storage of resident supplies stored in the cleaner's rooms for example resident wash wipes and personal protective equipment (PPE). This is not in line with best practice, due to the risk of contamination from the disposal of water and cleaning chemicals that takes place in this room.

The laundry infrastructure and equipment in the main supported the functional separation of the clean and dirty phases of the laundering process. However, it did contain one domestic washing machines, which was not in the washing area of the laundry, and disrupted the clean to dirty journey which increases the risk of cross contamination of laundry items. A domestic style machine temperatures are not accurate and temperatures required to disinfect may not be reached. Some of the flooring was damaged within the laundry which would impede cleaning but the person in charge informed the inspector the laundry was to undergo upgrade works shortly. There was good understanding of the processes and infection control requirements from the staff working in this area.

Regulation 27: Infection control

While the provider had some measures and resources in place to manage infection prevention and control in line with national standards and guidance, a number of actions are required by the provider in order to fully comply with this regulation.

Non-compliant hand-wash sinks did not support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection.

Infection prevention and control and environmental audits undertaken did not guide changes to support the safety and quality of the care provided, as deficits were not always actioned after the audits.

There was inappropriate use of cleaning chemicals and the disinfecting process which could increase the risk of environmental contamination and cross infection.

All equipment and supplies was not safely and effectively cleaned, maintained, stored and managed in accordance with legislation, the manufacturer's instructions, and best practice guidance. For example;

- Management of single use dressings was not in line with best practice as single use items had not been discarded after use.

- Repairs were required to flooring as the hazardous sticky tape was lifting from the floor, making them difficult to clean
- Shared items such as bedpans were not clean
- A number of storage areas were cluttered
- Resident supplies were stored in sluices, bathrooms and cleaners room

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Infection control	Substantially compliant

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

Inspection ID: MON-0037645

Date of inspection: 09/08/2022

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Management has completed Action Plans arising from cleaning audits. A fortnightly meeting to review the progress, and overall performance, is in place since 3rd September 2022.</p> <p>Faulty equipment has been removed and discarded, thus giving appropriate space to store resident's equipment in this area. A partition will be erected to segregate the staff changing area from the stores on or before 30th November 2022.</p> <p>Commode chairs and hoists were removed from bathroom on the day of inspection and this practice has ceased.</p> <p>New floor covering is ordered and will be laid on or before 30th November 2022 The commodes that were rusty and chair that were damaged were removed on the day of inspection. All items that were inappropriately stored on the day have been removed since the afternoon of inspection. We have identified the sinks that need to be replaced and this work will be complete on or before 30th January 2023 All Staff were given access to wall mounted alcohol gel dispensers on the 9th August 2022 PIC is sourcing an appropriate bed pan washer for the slipper pans to work alongside the macerator that is already in situ to dispose the human waste. This will be complete by 30th November 2022</p> <p>All staff have been reminded of the appropriate wearing of gloves. Refresher hand hygiene training has commenced throughout the centre and is expected to be completed by all staff on or before 30/9/2022</p> <p>Sterilising unit in place since 9th September 2022 for hairdressing.</p>	

Management and Maintenance team discuss the quality and improvement plan weekly. They are in daily communication via email. Revised procedure for completing actions in place since 12th September 2022.

All staff informed that the practice of leaving open dressings is not appropriate and has ceased in the unit since 16/08/2022

Further training has been put in place for all cleaning staff and completed on 10th August

A list of the four products and dilution rates are in situ on each cleaning trolley and instructions on how to use the products and store the chemicals. Completed 10th August 2022

Residents wash wipes and PPE has been removed from the cleaners room – Completed 10th August 2022

The domestic washing machine was decommissioned on 10th August 2022

All chemicals are now stored in a locked appropriate cupboard – Completed 10th August 2022

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 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.	Substantially Compliant	Yellow	30/01/2023