



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

## Issued by the Chief Inspector

Name of designated centre:	Sacré Coeur Nursing Home
Name of provider:	Sacré Coeur Nursing Home Limited
Address of centre:	Station Road, Tipperary Town, Tipperary
Type of inspection:	Unannounced
Date of inspection:	04 April 2023
Centre ID:	OSV-0000278
Fieldwork ID:	MON-0039152

## About the designated centre

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

Sacre Coeur Nursing Home is a facility which can accommodate a maximum of 26 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre provides nursing care for a variety of residents, including those suffering from multifunctional illness, and conditions that affect memory and differing levels of dependency. Given the design and layout of the building and the fact that the second floor is currently accessed by a stair-lift, it may not always be possible to accommodate every level of dependency or a particular request for care. Equally, if a resident's dependency level increases, it may become necessary with prior consultation and permission to move the resident within the building. The service employs a professional staff consisting of registered nurses, care assistants, maintenance, and laundry, housekeeping and catering staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	23
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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 4 April 2023	10:30hrs to 17:05hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in Sacre Coeur Nursing Home, where their rights were respected and they had freedom in how they chose to spend their days. There was a warm and welcoming atmosphere in this small and homely centre. Residents who spoke with the inspector were unanimous in expressing their satisfaction with the staff and the service provided to them. Those residents who could not articulate for themselves appeared comfortable and content. Likewise, visitors to whom the inspector spoke with praised the management and staff for the high level of care and attention given to residents. One visitor stated that their loved one was "treated like family" by staff. The inspector observed that staff were consistently respectful in their interactions with residents and knew them well.

Following an introductory meeting, the inspector walked through the nursing home with the person in charge. During this walk around, the inspector noted that many of the residents were up and about in the living room and dining room, and some were accessing the enclosed garden area. The premises was comfortable and well-maintained throughout. Bedrooms were laid out over two floors which were served by a stairlift and all areas were easily accessible to residents. The residents rooms were cleaned daily and the residents told the inspector that they were always clean and they were satisfied with the layout of their rooms. Bedrooms contained adequate storage for residents clothing and personal belongings. The residents had control over their own living spaces and organised their rooms as they wished.

There was unrestricted access to the centre's garden. The garden was tastefully planted and well maintained with mature shrubs and greenery. It was described as "just gorgeous" and "like a country cottage garden" by residents. Residents who chose to smoke were facilitated with a separate designated smoking area in the garden. The dining room and sitting room contained appropriate and comfortable furniture. The inspector observed a positive dining experience during lunch time and the residents were satisfied with and complimentary of the meal prepared for them. Place settings were laid out for residents prior to their meals and residents appeared relaxed and comfortable in the dining spaces where they enjoyed conversation between fellow residents and staff during their meals. Daily menus were displayed on the notice board and also on each table. The chef was aware of the residents individual needs and preferences and prepared meals accordingly. The inspector observed that preferences such as vegetarian options were catered for. One resident stated "the food is brilliant, really tasty". Other food options available to the residents if they did not want what was on the menu. The sitting room was seen to be utilised by residents throughout the day. Residents gathered to watch television and listen to the radio, and this was where group activities took place. A small, beautifully decorated visiting room was also in use where residents could chat with visitors in private, if required or requested.

Residents were seen to enjoy the activities observed on the day of the inspection

with plenty of conversation and spontaneous chats and laughter happening between residents and staff. The activities on offer included knitting, Bingo, live music and art. The activities coordinator led the implementation of the activities programme. In her absence, healthcare assistants were responsible for delivering the activities programme over the weekend. The local priest attended to say Mass regularly, and if this service was not available, Mass was streamed to the large TV in the sitting room. The inspector spoke with a few residents who said that they were happy with the activities on offer and looking forward to a few more day trips in the summer months. Residents confirmed that their visitors could come and see them at any time and they enjoyed going out with them also.

In summary, this centre operated with a person-centred ethos of care, where residents were respected and encouraged to live their individual lives to the fullest. The residents were very complimentary of the staff said that they felt part of the centre and that their views were always taken into consideration.

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

## Capacity and capability

This was an unannounced risk inspection to monitor the registered provider's compliance with the regulations and standards. The centre has a good regulatory compliance history. This inspection found similar good levels of compliance, and a strong management and leadership team. The inspector also identified some areas requiring minor improvements, including care planning, and infection control. These are discussed under the relevant regulations in the quality and safety section of the report. Overall, the management team were responsive to issues that arose during the inspection and made efforts to rectify these issues immediately.

Sacré Coeur Nursing Home Limited is the registered provider of the designated centre. There are two company directors, one is a registered nurse and represents the provider for regulatory matters. Both company directors are engaged in the day-to-day operations of the centre, having clear oversight of the centre's governance and management arrangements. The person in charge was responsible for the daily delivery of care to residents and was supported in their role by an assistant director of nursing. The nursing management team had oversight of the work of a staff team of nurses, health care assistants, activity staff, catering and domestic staff. Staff demonstrated a good understanding of each staff member's individual roles and responsibilities and staff were well-supported and supervised to ensure they carried out their duties in a safe and appropriate manner. There was clear communication between staff and management and regular meetings were held with all departments to ensure a team-based approach to the delivery of a high-quality service.

There were established systems in place to monitor the quality and safety of the service. A schedule of clinical and environmental audits evaluated key areas such as infection control procedures, residents' documentation and medication management. The quality of care was monitored through the collection of weekly data, such as monitoring the use of antibiotics and psychotropic medications and the incidence of wounds and falls. Analysis of the information gathered through these systems was used to inform the development of quality improvement plans.

The inspector acknowledged that the provider were making efforts to integrate the update to the regulations (S.I 298 of 2022), which came into effect on 1 March 2023, into the centre's centres policies and procedures. The complaints policy was being updated and was available for review by the inspector on the day. The management team had attended a webinar to support them to implement the changes and had good knowledge of their responsibility to establishing links with the Patient Advocacy Services (PAS).

On the day of the inspection, staffing levels were appropriate for the size and layout of the centre and to meet the needs of the 23 residents being accommodated at the time. On the day of inspection, the inspector noted that staff had sufficient time to provide meaningful care and activities to residents. The overall provision of training in the centre was good, with staff being up to date with relevant training modules. Additional training courses were provided specific to a staff member's role, for example, activity coordinators had training in the delivery of dementia-specific therapies and nurses had additional training specific to the management of venepuncture. Staff were seen to be well-supervised in their roles and were confident to carry out their assigned duties with a person-centred approach. A staff induction programme was in place with regular reviews to monitor the staff performance and identify additional training needs. Annual appraisals were completed for all staff and these provided opportunities for staff to identify any additional training needs or preferences. Staff files showed that Garda (police) vetting disclosures were in place for all staff prior to commencing employment.

### Regulation 15: Staffing

The centre had sufficient staff with an appropriate skill mix on duty to meet the assessed needs of the residents. There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

The record of training reviewed by the inspector confirmed that all staff had

received training in important training modules such as safeguarding of vulnerable adults and fire safety. Training was generally provided via face-to face formats, supplemented by some online courses.

Judgment: Compliant

### Regulation 21: Records

The inspector reviewed a sample of staff files and these were found to all contain the required documents as specified in Schedule 2 of the regulations. Additional records which are required to be maintained in the designated centre under Schedules 3 and 4 of the regulations were all found to be present and well-maintained, for example, records of medication administration, records of residents' monies and valuables, and copies of the worked staff rosters.

Judgment: Compliant

### Regulation 23: Governance and management

The management team had good systems in place to monitor and evaluate the effectiveness of the service. An annual schedule of audits were carried out. The inspector examined recent audits including incidents, infection control, and well-being health and well-being, and noted that audits were used to inform service improvements. Incidents and accidents occurring in the centre were responded to quickly, for example the falls audit showed that each resident was assessed immediately and a falls risk assessment was completed following a fall. Changes to the resident's plan of care were implemented as necessary.

Records of management and staff meetings were reviewed and the agenda included clinical audit results, ensuring that required actions were taken and all staff were informed about changes to practice or required improvements.

The provider and person in charge carried out an annual review of the quality and safety of care in 2022 which was currently in draft format. The review included feedback from the residents satisfaction survey and an improvement plan for 2023.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the registered provider annually. It



contained all of the required information as specified in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures on the matters set out in Schedule 5 of the regulations. These policies and procedures were made available to staff and were updated regularly in accordance with best practice, at intervals not exceeding three years.

Judgment: Compliant

#### Quality and safety

The inspector found that the centre operated with a person-centred ethos of care. The individual human rights of the residents were supported and there was good access to health and social care services, ensuring the quality and safety of care delivered to residents was of a high level. The inspector found that residents were well-respected by management and staff and encouraged to give feedback on the services they receive.

The centre was cleaned to a high standard, with good routines and schedules for cleaning and decontamination. The registered provider was making every effort to implement procedures in line with best practice for infection control. The management team completed audits of infection control procedures. Staff were seen to use personal protective equipment (PPE) such as face masks appropriately. Housekeeping staff were competent with the correct cleaning procedures, and provided with appropriate equipment, to maintain a safe environment for residents and staff. Some minor improvements were required to ensure that best practice infection control guidance was implemented, as discussed under regulation 27: Infection control.

This inspection evidenced that the registered provider continued to make progress in relation to fire safety in the building. Subsequent inspections in February 2021 and June 2022 had identified fire safety risks, and the inspector found that the improvements set out in the compliance plan following the inspections had been progressed to completion. Fire safety procedures were well-organised and there was good awareness amongst staff of the procedures in place for evacuation of residents and containment of fire.

Residents received a high level of nursing and medical care in the centre. There was

good systems for referral to, and review by, a range of social and health care practitioners. Resident's records were viewed by the inspector, and it was evident that there was a comprehensive system of care planning in the centre. Comprehensive pre-admission assessments were carried out to determine if the centre could meet the needs of the residents. For the most part, each resident had a suite of evidence-based risk assessments completed, which informed detailed, individualised care plans, on admission to the centre. The details provided in the care plans evidenced that staff knew the residents well. There was ongoing consultation with residents, and their representatives, in relation to the residents' individual care plans. Nevertheless, some improvements were required in relation to the care planning for residents requiring certain medications, to ensure that staff managed the requirements for these medications appropriately. This is discussed further under regulation 5: Individual assessment and care plan.

Residents were served a selection of food and drinks that were appetising and nutritious. Main meals were served directly from the kitchen to the dining room, and to residents' rooms, if their preference was to stay there for meals. All residents were seen to have equal choices and options for food, including those who required a modified consistency diet. The inspector reviewed the activity schedule on offer for the residents and noted that the activities reflected residents interests' and capabilities. The communal areas of the centre had been arranged to allow for group activities, and records showed that one-to-one activities and therapies were provided for residents who declined group sessions.

Activity staff members maintained records of residents level of engagement with different activities, and frequently adjusted schedules to suit the needs and interests of the residents. Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Residents' meetings were held regularly and these were seen to be well-attended. Residents were invited to give feedback on the centre, and the services they received. Minutes of these meetings were documented, with action plans assigned and followed up on. Residents and relatives completed regular satisfaction surveys and the information gathered was collated and analysed, and used to drive quality improvement in the centre.

### Regulation 11: Visits

Visiting was arranged for all residents in line with current national guidance. The visiting arrangements did not place unnecessary restrictions on residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were unanimous in their compliments regarding the quality, quantity and variety of food on offer. This feedback was echoed by the observations of the inspector, who saw that the food served to residents was presented nicely and in appropriate portion sizes. There was a sufficient number of staff on duty to assist residents with their meals and refreshments.

Menu choices were provided for each main meal and the menus were clearly displayed. Residents had nutritional plans in place that were regularly reviewed. Where required, residents were assessed by a dietitian and speech and language therapist and the recommended plans were implemented by the staff. Fresh hot and cold drinks and snacks were made available to residents throughout the day.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide to the centre, a copy of which was made available to each resident. Information in the guide was up to date, accurate and easy for residents to understand. The guide included a summary of the services and facilities in the centre, terms and conditions relating to residence in the centre, the procedure respecting complaints and visiting arrangements.

Judgment: Compliant

### Regulation 27: Infection control

The centre was very clean on the day of inspection, however, some areas for improvement were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example;

- The regime in place to mitigate the risk of Legionella bacteria by flushing of water outlets required review. Staff were unaware of the correct procedures, and associated sign-off sheets did not direct staff to these correct procedures.
- Curtains, which were not obviously soiled, were routinely removed and cleaned on a six-monthly cycle. Current guidance states that this should be done three-monthly.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The inspector reviewed all fire safety documentation in the centre. Appropriate certification was evidenced for servicing and maintenance. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme. Personal emergency evacuation plans were in place for residents. Fire safety drills and simulated evacuations were undertaken in the centre cognisant of night time staffing levels. The provider had proactively engaged a suitably qualified professional to complete a fire safety risk assessment of the centre. The report of this risk assessment did not identify any major fire safety risks in the centre. A progress report showed that the actions required were completed or nearing completion.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Action was required to ensure that a clinical assessment for malnutrition was completed correctly. A miscalculation, using estimated measurements was seen to have been used. This could potentially lead to a delay in referral to dietetic services.

While the majority of care plans were detailed and personalised, some required further detail to ensure that each residents' specific requirements and responses were outlined. For example, care plans in relation to the administration of PRN (pro-re-nata) "as required" sedative medication, did not sufficiently detail the plan of care to ensure that this medication was given as a last resort. In the absence of a sufficient care plan, residents' daily records showed that this medication was administered without consideration of other alternatives.

Judgment: Substantially compliant

## Regulation 6: Health care

The health care needs of residents were well met. There was evidence of good access to medical practitioners, through the local GP and out-of-hours services. Health and social care professionals were regularly accessed, including speech and language therapists, dietitian services and tissue viability specialists.

Judgment: Compliant

## Regulation 8: Protection

Safeguarding training was provided to staff and staff demonstrated an awareness of their responsibility to report anything that could be constituted as abuse. Independent advocacy services were displayed in the centre, and a number of residents had accessed these services.

The provider acted as a pension agent for a small number of residents. There were robust systems in place for the management and protection of residents' finances and in the invoicing for care and any additional fees.

Judgment: Compliant

## Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents council meeting minutes, satisfaction surveys, and from speaking with residents on the day.

Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a high level of personal detail. This detail informed individual social and activity care plans. A schedule of diverse and interesting activities were available for residents. This schedule was delivered by dedicated activity staff and healthcare assistants over seven days.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Sacré Coeur Nursing Home OSV-0000278

Inspection ID: MON-0039152

Date of inspection: 04/04/2023

## 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>Sacre Coeur Infection Control Policy has been reviewed and updated to include recommendations as outlined in Community Settings Infection Prevention and Control Policy ( March 2022)</p> <p>Cleaning Scheduled have been reviewed and updated to ensure correct cleaning procedures as per the updated Infection Control Policy .</p> <p>Housekeeping Staff have been trained in Updated Policy and amended procedures.</p> <p>Infection Control Policy will be audited as per our existing Audit Schedule to ensure ongoing compliance with Regulation 27.</p>	
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> <p>All Residents Individual Assessments and Care Plans have been reviewed, updated and amended as necessary by to ensure compliance as per Regulation 5</p> <p>Training in relation to Nutritional Assesments, Medication Management and Care Planning has been scheduled for staff.</p> <p>As per our Audit Schedule a Clinical Documentation Audit will be carried out by the</p>	



Person in Charge to ensure ongoing compliance in relation to Assessments and Care Planning as outlined in Regulation 5

## 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	30/06/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/07/2023

