



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:	19 April 2023
Centre ID:	OSV-0000549
Fieldwork ID:	MON-0037707

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 63-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 20 beds, St Clare's unit has 21 beds, and St James' unit has 22 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. The centre is registered to provide 44 long-term and 14 rehabilitation beds, including two respite bed for dementia care, two community assessment beds and three short-stay beds. Residents' accommodation is arranged at ground floor level in 14 multiple occupancy bedrooms with four residents in each, one twin bedroom and five single bedrooms. There is a combined communal sitting and dining room in 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:	62
--	----

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
Wednesday 19 April 2023	09:30hrs to 15:15hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

The overall feedback from the residents was that they liked their home and were content with their surroundings. The residents were complimentary of the staff and said they were good to them. The inspector observed a calm atmosphere across the centre throughout the inspection. Residents were seen moving freely around the centre, and the inspector saw that they were smartly dressed and were found to be wearing suitable clothing and footwear. Residents said that staff answered bells in a timely manner and that help was always there when they needed it.

An introductory meeting was carried out with the person in charge, followed by a walkabout of the centre. This gave the inspector an opportunity to meet with residents and staff and to observe their day-to-day routines in the centre. On the day of the inspection, most residents were observed to spend a large part of their day in either the sitting/dining rooms in their units or their own bedrooms.

The registered provider had upgraded premises and created extra communal space for residents across all units in the centre, which positively impacted the quality of life of those living there. The communal areas were comfortable, with appropriate furniture provided throughout.

Residents' rooms were personalised with photographs, pictures and personal belongings from home.

Residents were seen to enjoy activities facilitated by very enthusiastic staff members, who knew residents' personal preferences and abilities very well. Staff were observed chatting with residents about their interests and life experiences. It was evident that the staff knew residents well, and residents were comfortable and relaxed in the presence of staff. Staff were observed to always seek the resident's permission before they commenced a care intervention.

The inspector observed that residents' meals appeared wholesome and appetising, and the portions were of adequate size. Residents had access to a safe supply of fresh drinking water at all times. Overall, the residents were complimentary about the quality of food and the staff assistance provided during meal times.

Visitors were observed coming and going throughout the inspection. The inspector availed of opportunities to speak with a number of visitors, and the feedback from visitors was overwhelmingly positive.

The next two sections of this report present the findings in relation to governance and management in the centre and how governance and management affect the quality and safety of the service delivered.

Capacity and capability

Overall, the inspector found that current management systems and oversight arrangements were sufficient in order to provide a service that is safe, appropriate, consistent and effectively monitored.

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and to determine if an application to remove Condition 4 of the designated centre's registration could be progressed. This condition is related to the reconfiguration of the physical environment in respect of Regulation 17: Premises. The inspector observed on the day of the inspection that all works outlined in Condition 4 were completed. The provider had progressed with the compliance plan following the previous inspection in June 2022, and positive improvements were found across the regulations.

The registered provider of this designated centre is the Health Service Executive (HSE). The management team consists of a suitably qualified person in charge, two assistant directors of nursing and clinical nurse managers. They were supported in their role by a team of nurses, healthcare assistants, and domestic, maintenance, activity, administration and catering staff.

There was evidence of good communication between clinical and care staff to ensure that residents' needs were addressed. Regular meetings took place with staff and management in relation to the operation of the service. Records of these meetings were maintained and detailed the attendees, the agenda items discussed and the actions that were agreed upon.

Staff were appropriately supervised in their roles to ensure residents received safe and quality care and to ensure staff maintained accurate records in line with the centre's policies and procedures. Staff had a good awareness of their defined roles and responsibilities.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. It was evident to the inspector that action plans were implemented from findings from these audits to improve practice when required.

Record-keeping systems comprised of electronic and paper-based systems. The provider ensured that records were securely stored, accessible, and maintained in line with the requirements of the regulations.

The directory of residents was appropriately maintained; however, it did not contain all the information required by the regulations as addressed under Regulation 19: Directory of residents.

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

The registered provider had submitted an application to remove condition 4 on the registration of the designated centre to the office of the Chief Inspector. All relevant documents, including fees required under the regulations, were also submitted.

Judgment: Compliant

Regulation 16: Training and staff development

A training programme was in place, which facilitated staff to avail of any training that would be required to support residents' needs. Staff demonstrated competence in their work and told the inspector that training was easily accessible.

Judgment: Compliant

Regulation 19: Directory of residents

While the registered provider established the Directory of residents in a designated centre, the Directory did not include all of the information as specified in paragraph (3) of Schedule 3, such as the information about the next of kin or person authorised to act on resident's behalf, the details about the resident's general practitioner (GP) or information if the resident was transferred to hospital.

Judgment: Substantially compliant

Regulation 21: Records

Records required to be available for inspection purposes were generally well-maintained, easily accessible and available for inspection. The inspector observed that residents' records were kept in a safe manner.

Judgment: Compliant

Regulation 22: Insurance

The designated centre had a current certificate of insurance which indicated that cover was in place against injury to residents, staff and visitors. It included insurance against other risks, such as loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. Management systems were effectively monitoring quality and safety in the centre. There was a proactive management approach in the centre which was evident in the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 30: Volunteers

There were no people involved on a voluntary basis with the designated centre.

Judgment: Compliant

Quality and safety

Residents were supported and encouraged to have a good quality of life which was respectful of their choices. There was evidence that residents were in receipt of positive health and social care outcomes and that their assessed needs were being met by the registered provider. There were positive interactions between staff and residents observed throughout the inspection.

The inspector saw that the residents were comfortable throughout the day and that the staff members respected their privacy and dignity. It was evident that residents were consulted about the running of the centre. Residents' meetings were taking place in the centre and the minutes of these meetings showed a range of topics were discussed such as food and activities. The satisfactory residential survey was completed in February 2023, and it clearly outlined residents' comments with adequate actions, if applicable. One resident said that 'the staff always welcome their whole family if a special evening is going on.' Another resident mentioned that 'staff is always asking for their choices and that they are dedicated to their work and

very helpful.'

The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile and were in keeping with the centre's statement of purpose. The centre was observed to be clean and well maintained.

The inspector reviewed a sample of communication and end-of-life care plans and validated assessment tools. Care plans were comprehensive and guided staff to provide person-centred care in accordance with residents' specialists' needs and requirements.

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu based on their individual food preferences and dietetic requirements. Residents' nutritional status was assessed monthly, and a dietitian was consulted if this was required. Residents requiring specific, modified or fortified diets were provided with meals and snacks prepared as recommended.

Regulation 10: Communication difficulties

The inspector reviewed a sample of care plans for residents with communication difficulties and saw that there was detailed information about the communication requirements for the residents and appropriate communication techniques to be used in order to support residents to communicate freely and to help them to express their thoughts, feelings and needs.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector saw that residents' rooms had adequate storage for clothing and that the wardrobes were in neat order. Residents were able to retain control over their own clothes, and clothes were laundered and returned to residents in a timely manner.

Judgment: Compliant

Regulation 13: End of life

The inspector saw that all residents had an end-of-life care plan that set out their wishes for care and treatment and their preferred location for spending the final

days. The inspector saw evidence that the end-of-life care plans were adequately reviewed with residents or their nominated family members to ensure that residents' wishes and preferences were identified and they would receive appropriate care and support.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises of a designated centre were appropriate to the number of residents and in accordance with the centre's statement of purpose prepared under Regulation 3. The inspector saw that the premises conform to the matters set out in Schedule 6.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were comprehensively assessed and monitored. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents enjoyed home-cooked meals and stated that there was always a choice of meals, and the quality of food was very good. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Copy of the transfer letters were kept in residents' files. When the resident returned from the hospital, the inspector saw evidence that all relevant information was obtained upon the resident's readmission to the centre.

Judgment: Compliant

Regulation 26: Risk management

The Risk management policy did not meet the requirements set out under regulation

26(1). For example, the measures and actions in place to control the specified risks of abuse, the unexplained absence of any resident, accidental injury to residents, visitors and staff, aggression, violence and self-harm.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy, and service provision was directed to the needs of the residents. Residents have access to independent advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sacred Heart Hospital, Carlow OSV-0000549

Inspection ID: MON-0037707

Date of inspection: 19/04/2023

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <ul style="list-style-type: none"> • Directory was updated on the 20/04/2023 to a excel format which has a live Directory and contains the following information: such as the information about the next of kin or person authorised to act on resident's behalf, the details about the resident's general practitioner (GP) or information if the resident was transferred to hospital. Action Complete 20/04/2023. 	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Sacred Heart Hospital Risk Policy is updated to identify risks , control measure and risk rating of the following: the measures and actions in place to control abuse, measures and actions in place to control the unexplained absence of any resident, measures and actions in place to control accidental injury to residents, visitors or staff, measures and actions in place to control aggression and violence and measures and actions in place to control self-harm. Action Complete 08/06/2023.</p>	

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	20/04/2023
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Substantially Compliant	Yellow	08/06/2023
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Substantially Compliant	Yellow	08/06/2023
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the	Substantially Compliant	Yellow	08/06/2023

	risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.			
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Substantially Compliant	Yellow	08/06/2023
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Substantially Compliant	Yellow	08/06/2023