

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Sacred Heart Residence
<b>Centre ID:</b>	OSV-0000157
<b>Centre address:</b>	Little Sisters of the Poor, Sybil Hill Road, Raheny, Dublin 5.
<b>Telephone number:</b>	01 833 2308
<b>Email address:</b>	ast.raheny@lspireland.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Little Sisters of the Poor
<b>Provider Nominee:</b>	Theresa Martin
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	82
<b>Number of vacancies on the date of inspection:</b>	3

## 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 Quality 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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 01 December 2016 09:30 To: 01 December 2016 13:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 15: Food and Nutrition	Compliant

**Summary of findings from this inspection**

This was an unannounced follow-up inspection of the centre for the purpose of monitoring compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Regulatory Enforcement Proceedings (regulatory meeting followed by the issuing of an improvement notice on 18 May 2016) were initiated by the Health Information and Quality Authority (HIQA) as a result of findings during previous inspections, 11 November 2015 and 5 April 2016 and 20 July 2016. As part of the last inspection a specialist fire inspection took place on 8 August 2016.

Evidence of good practice and improvements were found throughout the inspection. Staff were knowledgeable about the residents, and were observed to treat all residents with dignity and respect throughout the inspection. Significant progress has been made with health and safety and risk management. The provider could now evidence full compliance with fire safety procedures. Improvements in aspects of governance and management were also found on this inspection. Nonetheless, staff recruitment practices were found to be unsafe in terms of safeguarding residents. Three recently recruited staff did not have evidence of Garda Vetting prior to commencing work at the centre. Because of this Outcome 7 Safeguarding and Safety merited a judgment of major non-compliance. An immediate action was issued and the provider gave written assurances to HIQA on 6 December 2016 that all staff employed in the centre had Garda Clearance.

The two action plans at the end of this report identifies areas where improvements by the provider are required in order to comply with the regulations.

**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 Quality 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):**

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

**Findings:**

A written statement of purpose was submitted following the last inspection and was in place. This accurately detailed the aims, objectives and ethos of the service. The information was in line with legislative requirements, and now reflected the revised management structure, admissions policy and staffing in place. The provider now kept this document under review.

**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):**

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

**Findings:**

The non-compliances had been addressed by the provider identified during the last inspection on 20 July 2016, and specialist fire inspection which took place on 8 August 2016. Evidence of staff training, and implementation of the revised fire safety drills was submitted to HIQA in a timely manner. The provider had now put in safe systems to address fire safety non-compliances. Staff training and record-keeping had also

improved.

The management had put in place a system of auditing quality and safety of care which had now become more established. Further to the last inspection the inspector was informed that much of this work had been achieved with supports and mentoring from external consultants. Management meetings had been taking place, and minutes of these meetings were reviewed by the inspector.

The inspector confirmed that the assistant director of nursing had continued to record and monitor key performance indicators report since the last inspection. This included the monitoring of a number of different areas including dependency levels, pressure ulcers and wounds, restraint, falls, weight loss and infections in the centre. Residents' dependency was now closely monitored and a validated tool was now in use to inform and guide staffing decisions. Increased staff supervision had been maintained on the floors.

One action relating to staff references which was identified on the last inspection had been completed. Nonetheless, staff files of newly-recruited staff checked by the inspector did not contain all the requirements of Schedule 2 information and documentation.

Overall, the provider and person in charge demonstrated that that they were working towards compliance with the regulations. However, robust records of Garda Vetting procedures were not in place for three newly-recruited staff (not on duty at the time of the inspection). The provider and person in charge were advised of this major non-compliance and took appropriate action on the day of the inspection.

**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 a staff reference was missing from one of the staff files examined by inspectors. The provider had subsequently forwarded confirmation that a copy of the missing reference was now on file.

Some improvements could be evidenced with record-keeping at the centre. Fire safety training records and fire register were now fully maintained. Records of staff appraisals which had taken place since the time of the last inspection were also available.

The inspector reviewed a sample of staff files and found that Schedule 2 information was not in place for all newly-appointed staff. As outlined in Outcome 7 of this report where Garda Vetting disclosures were not available for three staff. In addition, one staff file examined did not contain all the required information. For example, one file did not contain a reference from the most recent employer, or recent photographic identification.

**Judgment:**  
Substantially Compliant

***Outcome 07: Safeguarding and Safety***  
***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**  
Safe care and support

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

**Findings:**  
This outcome had been judged as in full compliance at the time of the last inspection. However, appropriate safeguarding measures and safe and effective recruitment processes were not found to be fully in place when reviewed by the inspector on this occasion.

Evidence of Garda vetting disclosures for three staff named on the staff roster was not available. This was brought to the attention of the provider and person in charge and an immediate action was issued to the provider giving her three working days to address this major non-compliance. The provider forwarded evidence that the vetting disclosures had been applied for following the inspection on 6 December 2016. Written confirmation was received that staff would not be working at the centre in the interim, whilst evidence of Garda Vetting disclosures were sought.

**Judgment:**  
Non Compliant - Major

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

**Findings:**  
Actions required from the previous inspection were found to be fully addressed. The inspector was satisfied that the findings of this inspection could evidence the improvements in fire safety and procedures at the centre. No doors were observed to be held or wedged open as was observed on the last inspection. Twelve staff had completed fire warden training since the last inspection.

The maintenance person showed the inspector that remedial works on to the fire resistant doors had now been completed. Doors to small stores and nurses' stations / offices had now been included in this remedial work. Further to the last inspection the provider gave assurances that the outstanding works, training and drills would be completed by 24 August 2016. Records reviewed on this inspection confirmed that additional training dates had taken place, to include both day and night staff at the centre. Residents were also included where appropriate in the fire drills which were now held weekly. The fire procedure had been revised and updated to ensure that they provided adequate details as identified by the specialist fire inspection. The provider confirmed that revised fire instructions and plans were on order for each floor. All staff who spoke to the inspector were clear on fire safety procedures. Each day one staff member from each unit is allocated responsibility for fire safety. Fire alarms, extinguishers and all other fire fighting equipment has been recently serviced and maintained in line with legislative requirements.

**Judgment:**  
Compliant

***Outcome 15: Food and Nutrition***  
***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**  
Person-centred care and support

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



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

**Findings:**

The provider and person in charge had fully addressed this non-compliance. The inspector saw that on each floor in the kitchenettes staff had access to fresh butter and cream stored in the fridge. Foods which required additional fortification at mealtimes were fortified, and stocks replenished from the main kitchen.

**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:***

Leone Ewings  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Sacred Heart Residence
<b>Centre ID:</b>	OSV-0000157
<b>Date of inspection:</b>	01/12/2016
<b>Date of response:</b>	18/12/2016

#### 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 05: Documentation to be kept at a designated centre

**Theme:**

Governance, Leadership and Management

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

A staff file examined did not contain all the required information - no reference from the most recent employer, and no recent photographic identification.

**1. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

Verbal and written references and a recent photograph have now been received, these are held within staff's personal file. These can be viewed on inspection.

**Proposed Timescale:** 18/12/2016

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Three newly-recruited staff had been working in the centre before Garda vetting procedures were completed.

**2. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The three Staff members were sent home. All three staff members have now received there Garda Vetting. These can be viewed on inspection.

**Proposed Timescale:** 18/12/2016