



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

## Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Residence
Name of provider:	Little Sisters of the Poor
Address of centre:	Little Sisters of the Poor, Sybil Hill Road, Raheny, Dublin 5
Type of inspection:	Announced
Date of inspection:	08 August 2024
Centre ID:	OSV-0000157
Fieldwork ID:	MON-0042694

## About the designated centre

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

Sacred Heart Residence is owned and operated by the Little Sisters of the Poor, and is located near St. Anne's Park in Killester on the northside of Dublin. The centre can accommodate 85 residents, both male and female over the age of 65, with low to maximum dependency levels. Residents are accommodated in 85 single bedrooms, all with full en suite facilities. Other facilities available to residents include sitting rooms, a shop, tea bar and a chapel. The person in charge is supported by the registered provider representative, an assistant director of nursing and clinical nurse managers. There is team of registered nurses and healthcare assistants who provide care to the residents in the centre. Allied health professionals are contracted to provide specialist services to the residents in accordance with their wishes and needs.

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

Number of residents on the date of inspection:	75
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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
Thursday 8 August 2024	08:00hrs to 16:20hrs	Niamh Moore	Lead
Thursday 8 August 2024	08:00hrs to 16:20hrs	Aoife Byrne	Support

## What residents told us and what inspectors observed

The atmosphere in Sacred Heart Residence was relaxed and unhurried. Residents praised the centre stating "everything is number one", "I appreciate everything they do for me" and "I am very happy and content here". The observations on the day of the inspection were that staff had a caring rapport with residents. Residents said that staff were "very attentive", "very accommodating" and "staff treat me so well". Two residents also reported that their visitors were always impressed with the welcoming that they got on their arrival to the centre.

The designated centre is located in Raheny, Dublin 5. The design and layout of the centre supported the free movement of residents with wide corridors and ample communal space. The premises was seen to be well-maintained and clean. It consisted of five floors in total, with lifts and stairs to facilitate movement between these areas. Residents' accommodation was set out over three floors, the first, second and third floors and within five different units referred to as Mountain View, Dom Marmion, John Vianney, St Therese's and St Joseph's. These units had a homely feel with dining and sitting rooms available on each unit. Some units had access to balconies which contained nice seating and a wide variety of greenery and plant pots, which were attended to by a resident who enjoyed gardening.

In the basement, there was a laundry, offices and staff areas such as changing rooms. On the ground floor there were additional communal areas such as a large dining room, an auditorium, a shop and tea-rooms. Residents reported to enjoy the additional space such as the tea rooms which were used for family gatherings and special occasions. Inspectors saw that the shop was open six days a week where residents and visitors could purchase items such as toiletries and snacks.

Residents' bedroom accommodation comprised of 85 single rooms, all with en-suite facilities. Inspectors viewed some bedrooms and saw that they were homely, clean, and well laid out with sufficient storage space for belongings. Residents were supported to personalise their bedrooms, with items of furniture and family photographs and personal items, to help them feel more at home. Residents reported to be happy with their bedrooms.

Three residents stated they had previously made complaints which were dealt with and managed to their satisfaction. Residents spoken with on the day of the inspection stated they had no current concerns or complaints, however three people spoken with stated they were unaware of how to make a complaint, and two said they felt they could not make a complaint, raising concern with how this would be viewed. Inspectors noted the registered provider had an improvement plan in place to incorporate suggestion boxes to allow anonymous information be received.

Inspectors reviewed the questionnaires completed by residents or their family members as part of this announced inspection. A total of 17 questionnaires were completed. Overall the feedback was very positive with comments such as "the staff

were wonderful to me when my husband died”, “I like having access to the chapel” and “I have a good view from my bedroom and can see my family coming to the centre”. However, there were some areas that residents would like improvements on which included access to shelter on the external walking areas. One resident reported they would like to be able to have their hair done at the weekends rather than during the week and two stated they felt the 12pm meal-time was early.

Residents reported to enjoy the activities on offer to them. This included a weekly Bridge club ran by residents. Residents also spoke highly of the addition of the two rickshaw bikes available for residents to go to the local park with volunteers. On the day of the inspection a large number of residents attended the auditorium for the weekly ice-cream and sing along with volunteer musicians.

Some residents spoken with reported that while they mostly felt there was enough staff available, they were always busy and they wished staff had more time to spend with them socially and to have a chat.

Residents could choose to dine in the main dining room on the ground floor, any of the smaller dining rooms on each unit or in their bedrooms. The lunch time service was reviewed on the day of the inspection and inspectors observed a relaxed and positive dining experience where residents were seen enjoying their meals and interacting with other residents. The tables were set in a homely manner, with menus on display and condiments and drinks were within easy reach of residents, enabling them to maintain their independence. Residents were complimentary of the food provided to them with comments such as “the chicken was beautiful”. Residents told inspectors that there was always a choice available, and if they did not like what was offered, an alternative would be made available. One resident reported that the temperature of the food can be cold if they eat in their bedroom.

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 impact on the quality and safety of the service being delivered.

## Capacity and capability

This was an announced inspection carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 (as amended). Overall inspectors found that the governance and management systems within the designated centre had strengthened which resulted in improved compliance and it was evident that the registered provider strived to provide a good service. Further improvements in respect of the directory of residents and complaints procedures were required. This is further discussed under the relevant regulations.

Little Sisters of the Poor is the registered provider for Sacred Heart Residence. There is a clearly defined management structure that identifies the lines of authority and

accountability. This inspection was facilitated by the assistant director of nursing, they were knowledgeable on residents' needs and engaged positively with the inspectors throughout the day.

Inspectors followed up on the actions taken by the provider to address areas of improvement required following the last inspection in September 2023 and found that overall the registered provider had taken action as outlined within their compliance plan. This included oversight of bedrail release documentation, premises works, new handwash sinks installed on corridors, new cleaning trolleys and the addition of one bedpan washer on the third floor. Inspectors were told the registered provider had plans to install bedpan washers in each of the five units but currently they had one per floor.

The person in charge was supported in their role by an administration team, an assistant director of nursing and two clinical nurse managers. Other staff included nurses, healthcare assistants, activity staff, housekeeping, laundry, catering, and maintenance.

All staff were up-to-date with their mandatory training on topics such as fire safety, moving and handling, safeguarding and infection control. The registered provider had a system in place of identifying upcoming renewal dates for training to ensure this correlated with the training schedule to ensure that refresher training was scheduled. Records showed that staff were appropriately supervised in their work and staff spoken with were knowledgeable on residents' assessed needs.

Inspectors reviewed the directory of residents which was kept in a hard copy book. Inspectors saw that this book did not have the availability to record all criteria as set out and required by the regulations.

Inspectors found that the designated centre had adequate resources to ensure the effective delivery of high-quality care and support to residents. There was evidence of good management systems in place such as regular oversight through meetings, committees on clinical governance and health and safety, tracking clinical data and audits. Meeting minutes reviewed showed that key performance indicators and audit findings were discussed, and ensured that any improvements or actions raised had a timebound plan, a person responsible identified and follow up to identify the action had been addressed.

The complaints procedure was on display within a prominent position within the centre, outlining the person to deal with the complaints and timeframes for the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process. The complaints log was made available to the inspectors for review and inspectors found that there was a low level of complaints received with one complaint so far this year. This complaint was managed effectively.

## Regulation 16: Training and staff development

Inspectors reviewed the training matrix and found that staff had access to appropriate training, including mandatory training and supplementary training, such as on wound care and restraint use.

Inspectors reviewed induction forms completed for new staff and formal supervision arrangements in place, such as probation reviews and annual performance appraisals.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents did not meet the criteria as set out within Schedule 3 of the regulations. For example:

- The sex of each resident was not recorded.
- While the name of the general practitioner (GP) was recorded for residents, the full address and telephone number was not.
- The time and cause of death was missing in a sample of five recorded deaths.
- The name and address of any authority, organisation or other body which arranged the resident's admission was not recorded.

Judgment: Substantially compliant

### Regulation 22: Insurance

The registered provider had a current certificate of insurance which indicated that cover was in place in the event of injury to residents and detailed insurance against other risks, including loss or damage to a resident's property. Further information on the insurance available was recorded within the registered provider's contract of care.

Judgment: Compliant

### Regulation 23: Governance and management

There was evidence of good and safe systems in place to oversee the service. For example, it was noted within key performance indicators that there had been an increase in falls in June and July. Evidence was seen of analysis of falls including the



location and time of the fall. There was a quality improvement plan in place to respond to any relevant findings.

The registered provider had completed an annual review of the quality and safety of care delivered to residents of the year 2023 in accordance with the National Standards. There was evidence of consultation with residents with their relevant feedback included. There was an action plan in place for 2024 which identified areas for improvement such as enhancing residents' activities programmes, preparation for regulatory inspections and enhancing the fire safety programme within the centre.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of three contracts of care between the registered provider and the relevant resident, and saw that they clearly set out the terms and conditions of the resident's residency in the centre, such as the bedroom number and the fees to be charged.

Judgment: Compliant

### Regulation 34: Complaints procedure

The review officer had not received suitable training to deal with complaints in accordance with the designated centre's complaints procedures.

Judgment: Substantially compliant

## Quality and safety

The inspectors found that the residents of Sacred Heart Residence were receiving a good standard of care that supported and encouraged them to actively enjoy a good quality of life. Staff treated residents with respect and kindness, and there was evidence of residents' rights being upheld throughout the inspection. Improvement was required in ensuring transfer documentation for temporarily absent residents was available, this will be further discussed within this report.

Inspectors found improvements in detailed person-centred care plans since the last inspection. Following review of a sample of care records, inspectors found there was

ongoing comprehensive assessments to ensure that resident's health and well-being were prioritised. The nursing team in the centre worked in conjunction with all disciplines relating to medical and healthcare with referrals seen to be made as required. Residents had their own general practitioner (GP) of choice, and medical cover was available including out-of-hours. Residents were facilitated to access the National Screening Programme, in line with their assessed needs.

Advocacy services were available to residents and this was signposted on corridors throughout the building. There was an activity schedule on display to outline what activities were available each day. Residents told inspectors how they enjoyed the different activities available to them within the centre.

Inspectors observed that the same meal choices were available to all residents including those that required modified diets as per their assessed needs. The different food consistencies served to residents reflected their assessed needs. The food was presented neatly, as a result, the resident could identify the different food groups on their plate. Pictorial menus were freely available for residents with communication difficulties. For those residents who required assistance there were plenty of staff available to provide assistance and in some units staff were observed doing so in a kind, discreet and unrushed manner.

Documentation for when a resident returned from hospital was reviewed, and inspectors could see that all reasonable steps were taken to ensure that all relevant information about the resident was obtained from the hospital. However, there were gaps in relevant information being available for residents who were temporarily absent. This is further discussed under Regulation 25: Temporary Absence or Discharge of Residents.

The risk management policy was requested prior to the on-site inspection and was reviewed. This policy had been recently renewed in June 2024 and was seen to meet the criteria stipulated by the regulations. For example, it detailed the measures and actions in place to control the five specified risks.

Inspectors observed improvements in fire precautions. This included large fire evacuation plans clearly displayed throughout the centre. These plans clearly outlined the specific fire compartments and evacuation routes.

## Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely. Staff were knowledgeable of residents who had communication difficulties. The inspectors found that each resident's communication needs were regularly assessed and a clear, concise and person-centred care plan was developed.

Judgment: Compliant

## Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes. Regular drinks and snacks are provided throughout the day.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had prepared a guide for residents of the centre and this was freely 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 25: Temporary absence or discharge of residents

Improvement was required to ensure a record was kept of all relevant information provided about the resident who is temporarily absent from Sacred Heart Residence to the receiving designated centre, hospital or place. While inspectors were told that there was an electronically generated transfer letter provided, a copy of this was not available for these residents.

Judgment: Substantially compliant

## Regulation 26: Risk management

The risk management policy included all the required information in line with the regulations and there was a system in place for responding to emergencies such as a fire, flood, severe weather and power outages.

Judgment: Compliant

## Regulation 28: Fire precautions

Systems were in place to monitor fire safety procedures. Preventative maintenance of fire safety equipment including fire extinguishers, emergency lighting and the fire alarm was conducted at regular recommended intervals. There was a weekly sounding of the fire alarm and daily checks of escape routes. Simulated evacuation drills of different compartments were conducted at regular intervals and simulated various emergency scenarios.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care plans and validated assessment tools. These were seen to be detailed and person-centred, and were able to guide care for the medical and nursing needs of residents. Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes to residents' assessed needs, care plan reviews had occurred to ensure care plans were up-to-date.

Judgment: Compliant

## Regulation 6: Health care

The inspectors found that residents were receiving a good standard of health care. They had access to their GP and to a range of health and social care professionals as required.

Judgment: Compliant

## Regulation 9: Residents' rights

The residents' rights committee and satisfaction surveys showed evidence that residents were consulted with and participated in the organisation of the centre. Minutes of the residents meeting were displayed throughout the centre.

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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Sacred Heart Residence OSV-0000157

Inspection ID: MON-0042694

Date of inspection: 08/08/2024

## 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> <p>The directory of residents has been reviewed and now meets all criteria within schedule 3 of the regulations. The sex of the residents is recorded on admission for all new admissions. All existing residents have had their records updated to ensure the GP's full name, address and telephone is recorded. Staff have been advised on the requirements of the cause of death to be recorded for all deaths. This will be audited for compliance as part of the annual audit plan. The directory of residents now includes the name and address of the organisation who arranged the resident's admission.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints officer and review officer has now completed suitable training in dealing with complaints in accordance with the centre's complaints procedure.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant



Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

The transfer letter is in place for temporary absence or discharge of residents. This form will be readily available for any future inspections. Staff have been advised on the requirement to complete this form. Audits will be conducted to ensure this form is used for all absences for all residents.

## 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	12/08/2027
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	12/08/2024
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers	Substantially Compliant	Yellow	22/08/2024

	and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.			
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