**Health Information and Quality Authority**  
**Social Services Inspectorate**

**Inspection report**  
**Designated centres for older people**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sacred Hearts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0156</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Roslea Road</td>
</tr>
<tr>
<td></td>
<td>Clones</td>
</tr>
<tr>
<td></td>
<td>Monaghan</td>
</tr>
<tr>
<td></td>
<td>Co. Monaghan</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>047-51069</td>
</tr>
<tr>
<td>Fax number:</td>
<td>047-52279</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:vhsl@eircom.net">vhsl@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Private</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Varna Healthcare Services Limited.</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Eshrath Sultana</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>12 May 2010</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td><strong>Start:</strong> 09:30 hrs  <strong>Completion:</strong> 14:30 hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Follow up inspection</td>
</tr>
<tr>
<td></td>
<td>Announced</td>
</tr>
<tr>
<td></td>
<td>Unannounced</td>
</tr>
</tbody>
</table>
About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Additional inspections take place under the following circumstances:

- To follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- Following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- Arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- To randomly “spot check” the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

Purpose of this inspection visit

- Follow up to previous inspection findings
About the centre

Description of services and premises

The Sacred Heart Nursing Home is operated by Varna Healthcare Limited and is one of five residential centres owned by the company. The centre has been operating as a care home for older people since 1973. It is an old building, originally built as a convent for the Sacred Heart sisters and has been converted and modified over the years to improve the facilities available for residents. It is surrounded by five acres of spacious grounds and a large garden that has outdoor seating in several areas. A small garden that is secure had been created since the last inspection. There is ample car parking available for staff, residents and visitors.

The centre is registered for up to 50 residents who require long-term residential care, short-term respite care, dementia care and palliative care.

The accommodation is organised over two floors in 21 single rooms, seven twin rooms, one three-bedded room and three four-bedded rooms. There are eight toilets and three bathroom/shower facilities. None of the rooms have en suite facilities. There is a lift to access the main part of the upper floor. Two bedrooms are accessed by a flight of five steps and do not have lift access.

There are two main sitting areas on the ground floor. One area is spacious, centrally located and benefits from floor to ceiling windows and access to the garden. Most of the daily activities take place in this room which is furnished with a variety of armchairs. The other sitting room is smaller and domestic in style and referred to as “the parlour”. There are other small sitting areas located throughout the centre and a large chapel. There is also a hairdressing room, a treatment area and a smoking room. A small visitors’ room is located on the first floor although is not accessible to all residents as it is situated at the top of a flight of steps.

Location

The Sacred Heart Nursing Home is located on the Rosslea road a short drive from the town of Clones.

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
<th>1973</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection</td>
<td>49</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection</td>
<td>1</td>
</tr>
<tr>
<td>Dependency level of current residents</td>
<td>Max</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Number of residents</td>
<td>15</td>
</tr>
</tbody>
</table>

### Management structure

The Person in Charge, Eshrath Sultana reports to the group operations manager, Rosetta Herr and to the provider Donal O’Gallagher. On a day-to-day basis, the Person in Charge is supported by a team of staff nurses, care assistants, catering and domestic staff and an activity coordinator. In the absence of the Person in Charge, staff nurse Linu Chandy oversees the delivery of care.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff on duty on day of inspection</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>*3</td>
</tr>
</tbody>
</table>

* One maintenance and one activity staff were on duty. The area operations manager was also on site.
The previous inspection was a registration inspection and took place on 13, 14 and 18 January 2010. Inspectors were satisfied at that time that the health and social care needs of residents were met. Care plans were descriptive and gave accurate accounts of residents’ needs and how they were being addressed. There was information describing healthcare changes, the actions taken to obtain specialist advice and details of how residents responded.

The centre was welcoming, had many home-like touches and was generally well-maintained. The configuration of this large building, which had been converted and modified over the years to its current use as a care centre presented significant challenges. Staff had to contend with multiple occupancy rooms, narrow hallways and toilet facilities that did not fully support privacy, as they could not be locked. The movement of equipment needed careful planning, particularly in hallways and when transferring residents from one area to another.

The Action Plan of that report identified areas where improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. In all, 20 areas were identified for improvement. These improvements included the need to improve personal and communal space available to residents, training for staff in fire evacuation procedures and a revision of some policies and procedures to reflect the specific arrangements of the centre. Inspectors also identified the need to provide training to all staff on adult protection.
Summary of findings from the follow up inspection

This follow up inspection was announced as the inspector wanted to meet with the person in charge to discuss progress on the action plan prior to the registration panel meeting. This inspection focused on the areas of practice that required improvement as outlined in the action plan of that report. The provider and person in charge had made good progress in addressing the areas identified for action. The inspector found that 11 actions were fully complete, seven were partially complete and two were outstanding. One action not completed related to the design and layout of the premises where it did not provide adequate space in single or multiple occupancy rooms in accordance with the standards for premises outlined in the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Four recommendations had been made and two were found to be complete.

The centre was warm, welcoming and standards of cleanliness were good in the areas viewed by the inspector. Staff were on duty in accordance with the rota. The area manager for the company Rosetta Herr was also present. Residents were getting up and getting organised for the day when the inspector arrived.

The inspector found that changes made since the last inspection had made a significant difference to residents and staff. The meal time arrangements had been revised to relieve the congestion in the dining room. There were now two sittings and the removal of a table had made the area more accessible. The person in charge said that the changes had made mealtimes a more relaxed and pleasant experience for everyone. Residents were observed to be able to move in and around the dining tables without difficulty, the inspector observed at lunchtime. A secure garden area had been created and was being cultivated. The inspector was told of the refurbishment to the ground floor bathroom which was due to be equipped with a more accessible bath that had been purchased but not yet installed.

The person in charge described the dependency levels of residents and where significant nursing care was required. Four residents were on percutaneous endoscopic gastrostomy (PEG) feeds, three had catheters in place and two residents had terminal care needs. The inspector reviewed a care plan and found that it outlined the care delivered was clearly described. The resident was being monitored closely. Fluid balance records were being maintained and pain management was outlined well. The monitoring of pain, medication administered and psychological support given to alleviate this and the response was recorded. Single rooms and space for relatives had been provided for residents receiving terminal care. One resident told the inspector that she could have visitors at any time and they were encouraged to stay as long as they wished. The staff had established good relationships with community specialist services the person in charge reported. The inspector was informed that the palliative care team provided advice and guidance for staff and were readily accessible.
A nurse from the team with expertise in reflexology had visited one resident. The dietician was visiting and reviewing the care of residents referred to her for attention during the inspection.

Staff had undertaken several training courses since the last inspection. These included basic life support training, the care of people with neurological disorders, palliative care, the protection of older people and fire training.

The actions that are outstanding or were in the process of completion are repeated in the Action Plan of this report.
Issues covered on inspection

The actions from the inspection completed on 14 and 15 October 2009 were reviewed.

1. **Action required from previous inspection:**
   Liaise with the fire service and outline in the fire procedure precisely how the evacuation of residents is to be conducted so that staff can safely and effectively evacuate residents.

   This action was complete. The fire procedure had been revised and details of how the evacuation of residents was to be conducted had been included. The amended procedure was on display at the fire panel. Fire training had been provided by the local fire brigade over two days and 43 staff had attended.

2. **Action required from previous inspection:**
   Make the railing on the flat roof secure to prevent an accident.

   This action was complete. The damaged section of the railing had been repaired the inspector noted.

3. **Action required from previous inspection:**
   Provide a safe area with adequate lighting for residents and staff in the event that the centre has to be evacuated.

   This action was complete. Part of the garden, near the chapel had been made secure for residents to use. A ramp from the lobby area enabled access for people using mobility aids. The area was being cultivated and plant pots had been added to make the area attractive for residents.

4. **Action required from previous inspection:**
   Arrange to have a system in place that ensures access to a place of safety and that staff have a key available to them.

   This action was in progress. The area manager and person in charge told the inspector that they were exploring options to be used as a place of safety in the event that residents had to be evacuated.

5. **Action required from previous inspection:**
   Provide evacuation sheets for residents who are immobile.
This action was complete. Residents had been risk assessed and evacuation sheets had been provided where needed. The inspector saw that evacuation mattresses were also available and were located in strategic locations around the centre.

6. Action required from previous inspection:

Have in place a system that ensures that all radiators operate at a safe surface temperature not higher than 43 degrees centigrade.

This action was in progress. The maintenance man had a schedule of work and was modifying the temperatures of the radiators the inspector was told.

7. Action required from previous inspection:

Provide all staff with training on elder abuse and the protection of vulnerable people.

This action was complete. All staff including catering and maintenance staff had completed elder abuse training and the record of training viewed by the inspector confirmed this.

8. Action required from previous inspection:

The provider must make available appropriate personal space for all residents throughout the centre.

This action was in progress. The provider confirmed in his response to the report that he was exploring the actions that could be taken to improve the environment for residents.

9. Action required from previous inspection:

Provide a lockable storage area for residents to secure personal possessions.

This action was complete. Residents’ bedside cabinets were observed to have locks.

10. Action required from previous inspection:

Residents’ did not have the choice of locking their bedroom doors and some of the toilets could not be locked. Provide locks on doors to maximise residents’ privacy.
This action was in progress the inspector was told. It had been identified as part of the work schedule and appropriate locks were being sought.

**11. Action required from previous inspection:**

Multiple occupancy rooms did not have the required number of wash-hand basins. Make available the appropriate number of wash hand basins to fully address the personal care needs of all residents.

This action was not complete. Areas had been identified in rooms for the installation of the new sinks but work on installation had not commenced.

**12. Action required from previous inspection:**

Have a clear labelling system in place to ensure that residents’ clothing does not get misplaced.

This action was complete. Laundry staff had received instruction to ensure that all clothing was clearly labeled. Items of clothing that the inspector saw, were clearly labeled with marker or sewn in labels.

**13. Action required from previous inspection:**

Assess the risk of falls from the balustrade and put in place safety measures to combat any risks identified.

This action was not complete. The work had been assessed and the inspector saw the quote that had been provided to install the necessary safety features. She was told that work on this was to commence shortly.

**14. Action required from previous inspection:**

Undertake a risk assessment to determine the risk to residents from the unprotected staircases.

This action was in progress. Residents were being assessed over a three week period. The inspector saw the hazard analysis that was completed for the staircases.

**15. Action required from previous inspection:**

As part of the risk management policy outline a procedure to guide and direct the actions of staff in the event of a resident going missing.
This action was complete. The policy had been revised and the inspector was satisfied that the new version provided clear directions to staff on the action to take should a resident abscond.

16. Action required from previous inspection:

There was only very limited access to bedrooms 1 and 2 (access was via a short flight of five steps leading from the first floor).

Undertake assessments of residents needs to ensure that these rooms are at all times used by residents who have full mobility.

This action was complete. The rooms were occupied by residents who have lived at the centre some time and who are mobile. For future reference the inspector draws attention to regulation 31, Risk Management Procedures, where it is required that where residents are accommodated on two or more floors that a lift is provided.

17. Action required from previous inspection:

Maintain all personnel files in accordance with the relevant legislation.

This action was in progress. Staff files were not inspected but the area manager said that all the required information was available in staff files with the exception of one where the Garda Siochana vetting was outstanding.

18. Action required from previous inspection:

Provide all staff with basic food hygiene training.

This action was in progress. Catering staff had completed food hygiene training and other staff were scheduled for training as part of the in house training programme.

19. Action required from previous inspection:

Review the mealtime arrangements so that all residents can enter the dining room safely and without obstruction.

This action was complete. The arrangements around mealtimes had been revised. The dining room had been rearranged. A table had been removed to create more space for residents to access and move around the remaining tables. There were two sittings at mealtimes. The inspector viewed the lunchtime arrangements and saw that residents including those with mobility aids could move around freely.
A resident finishing lunch told the inspector that the atmosphere was more relaxed and that it was much easier to get in and out of the dining room. The person in charge said that staff found the new arrangements made mealtimes a more positive experience for residents.

**20. Action required from previous inspection:**

Ensure that residents’ daily records reflect all care planned and delivered in accordance with their assessed needs.

This action was complete. The person in charge said that staff now do more complete assessments and establish a picture of residents' background details and lifestyles to help them provide care in an informed way. The inspector viewed one care plan. Evidence based assessments tools were in use to determine a range of vulnerability factors. These included the Folstein Mini Mental State examination, falls risk assessment and nutritional risk assessments. Documents were fully complete and had been reviewed regularly and when needs changed. There was a good outline in the daily notes of all care provided including emotional support to the resident and family. The management of pain and responses to pain relief was noted to be particularly well documented.
These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best practice recommendations</th>
</tr>
</thead>
</table>
| Standard 1: Information | The Residents’ Guide should be revised to state that inspection reports were available in the centre.  

**Review:**  
The person in charge said that the inspection reports are available and the residents guide reflects this. |
| Standard 4: Privacy and dignity | Put measures in place to protect residents’ privacy in those bedrooms that had glazed doors and glazed panels (other than the obscure glass which was found to be ineffective).  

**Review:**  
The area manager said that ways of addressing this were being considered.  

The terms used by staff such as “nappies” for incontinence wear and “cot sides” for bedrails were inappropriate and should be discontinued.  

**Review:**  
The person in charge said that terminology and the protection of dignity was part of many of the organisation’s training courses. She monitors the use of terminology during her regular audits of care records and provides guidance to staff as needed. |
| Standard 9: The Resident’s Finances | Individual records should be maintained of all lodgments or withdrawals from resident’s accounts to maintain privacy and confidentiality.  

**Review:**  
This was not reviewed at this inspection. |
Report compiled by:

Geraldine Jolley
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

18 July 2010

<table>
<thead>
<tr>
<th>Date of previous inspection</th>
<th>Type of inspection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>13, 14 and 18 January 2010</td>
<td>☑ Registration</td>
</tr>
<tr>
<td></td>
<td>☐ Scheduled</td>
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<tr>
<td></td>
<td>☐ Follow up inspection</td>
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<td>☐ Announced</td>
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<td></td>
<td>☐ Unannounced</td>
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</table>
Provider’s response to additional inspection report

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Sacred Hearts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0156</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>12 May 2010</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20 September 2010</td>
</tr>
</tbody>
</table>

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The following actions are restated from the inspection of 13, 14 and 18 January 2010.

1. The provider is failing to comply with a regulatory requirement in the following respect:

   Access to a place or places of safety in the event of residents having to be evacuated from the building had not been arranged.

Action required:

Arrange to have access to a place or places of safety in the event of residents having to be evacuated from the building.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider's response:</td>
<td>Complete</td>
</tr>
</tbody>
</table>

We await a reply from correspondence forwarded to the general manager, services for the elderly HSE Cavan/ Monaghan. This is a request to use the adjacent HSE Community day care centre in the event of an emergency. We have agreement with the local day care centre management committee and simply await the final reply. In the interim we have agreed a reciprocal arrangement with another private nursing home in the area to allow us access to their building and facilities should an emergency arise. Our emergency procedure has been reviewed to reflect this and the changes passed onto all staff.

<table>
<thead>
<tr>
<th>2. The provider is failing to comply with a regulatory requirement in the following respect:</th>
<th></th>
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</thead>
</table>

Radiators in rooms 4 and 22, the assisted bathroom and the dining room were very hot to touch and presented a burns hazard.

**Action required:**

Have in place a system that ensures that all radiators operate at a safe surface temperature not higher than 43 degrees centigrade.

**Reference:**

- Health Act, 2007
- Regulation 31: Risk Management Procedures
- Standard 26: Health and Safety

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider's response:</td>
<td>To be complete by end November 2010</td>
</tr>
</tbody>
</table>

A plumber has been engaged to install thermostats on the radiators mentioned above and on all others that are found to be hotter than 43 degrees centigrade.
3. The provider is failing to comply with a regulatory requirement in the following respect:

A number of single and multiple occupancy rooms did not meet the required spatial standards.

**Action required:**

The provider must make available appropriate personal space for all residents throughout the centre.

**Reference:**

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

<table>
<thead>
<tr>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider’s response:</strong></td>
</tr>
<tr>
<td>As mentioned in our previous report, we are aware of the requirement to alter the building somewhat in order to comply with the <em>National Quality Standards for Residential Care Settings for Older People in Ireland</em>.</td>
</tr>
<tr>
<td>We have solid plans to address this issue and we are fully aware of our requirement to do so within the remaining legislatively permitted time period of five years.</td>
</tr>
</tbody>
</table>

4. The provider is failing to comply with a regulatory requirement in the following respect:

Residents did not have the choice of locking their bedroom doors and some of the toilets could not be locked.

**Action required:**

Provide locks on doors to maximise residents’ privacy.

**Reference:**

Health Act, 2007
Regulation 10: Residents’ Rights, Dignity and Consultation
Standard 4: Privacy and Dignity

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

<table>
<thead>
<tr>
<th>Timescale:</th>
</tr>
</thead>
</table>
### 5. The provider is failing to comply with a regulatory requirement in the following respect:

Multiple occupancy rooms did not have the required number of wash-hand basins.

**Action required:**

Make available the appropriate number of wash hand basins to fully address the personal care needs of all residents.

**Reference:**

Health Act, 2007  
Regulation 19: Premises  
Standard 25: Physical Environment

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

<table>
<thead>
<tr>
<th>Timescale:</th>
<th>Complete</th>
</tr>
</thead>
</table>

**Provider's response:**

This work is complete.

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### 6. The provider is failing to comply with a regulatory requirement in the following respect:

The balustrade on the first floor was waist high and presented a potential falls hazard.

**Action required:**

Assess the risk of falls from the balustrade and put in place safety measures to combat any risks identified.

**Reference:**

Health Act, 2007  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety

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

<table>
<thead>
<tr>
<th>Timescale:</th>
<th>Complete</th>
</tr>
</thead>
</table>
Provider's response:
The balustrade has been made higher as an additional control measure. Complete

<table>
<thead>
<tr>
<th>7. The provider is failing to comply with a regulatory requirement in the following respect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>There were no protective measures in place at the top or bottom of the staircases.</td>
</tr>
</tbody>
</table>

**Action required:**
Undertake a risk assessment to determine the risk to residents from the unprotected staircases.

**Reference:**
- Health Act, 2007
- Regulation 31: Risk Management Procedures
- Standard 26: Health and Safety

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

<table>
<thead>
<tr>
<th>Provider's response:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The risk assessment is complete and we have found that no residents are at risk of using the stairs unsafely. However, we intend to continue to observe this area for any signs of risk with regard to the changing needs of our residents.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. The provider is failing to comply with a regulatory requirement in the following respect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>All personnel files did not contain evidence of Garda Síochána vetting as required by legislation.</td>
</tr>
</tbody>
</table>

**Action required:**
Maintain all personnel files in accordance with the relevant legislation.
**Please state the actions you have taken or are planning to take with timescales:**

<table>
<thead>
<tr>
<th>Timescale:</th>
<th>Provider's response:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All personnel files are now in accordance with the relevant legislation. Complete</td>
</tr>
</tbody>
</table>

**Reference:**
Health Act, 2007  
Regulation 18: Recruitment  
Standard 22: Recruitment

**9. The provider is failing to comply with a regulatory requirement in the following respect:**

All staff who handled food did not have basic food hygiene training.

**Action required:**
Provide all staff who handle food with basic food hygiene training.

**Reference:**
Health Act, 2007  
Regulation 17: Training and Staff Development  
Standard 19: Meals and Mealtimes

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

<table>
<thead>
<tr>
<th>Timescale:</th>
<th>Provider's response:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All relevant staff have had this training. Complete</td>
</tr>
</tbody>
</table>

**Reference:**
Health Act, 2007  
Regulation 18: Recruitment  
Standard 22: Recruitment
Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best practice recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 4 Privacy and Dignity</td>
<td>Put measures in place to protect residents privacy in those bedrooms that had glazed doors and glazed panels (other than the obscure glass which was found to be ineffective) <strong>Provider’s response:</strong> net curtains have been hung on the inside of all the single rooms with glazed door panels to provide privacy that is more complete.</td>
</tr>
<tr>
<td>Standard 9 The Resident's Finances</td>
<td>Individual records should be maintained of all lodgments or withdrawals from resident’s accounts to maintain privacy and confidentiality. <strong>Provider’s response:</strong> All residents’ financial accounts are now kept in separate books.</td>
</tr>
</tbody>
</table>
Any comments the provider may wish to make:

Provider’s response:

I would like to take this opportunity to once again thank the Health Information and Quality Authority’s inspectors for their positive approach to the inspection of Sacred Heart Nursing Home and their recognition of the high standards being achieved by Eshrath Sultana, nurse manager and her team.

We continue to be fully committed to providing the highest care standards possible and to ensuring that our ethos of continuous improvement is followed.

Provider’s name: Donal O’Gallagher

Date: 21 September 2010