



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Nazareth House
Name of provider:	Nazareth Care Ireland
Address of centre:	Malahide Road, Clontarf, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	09 January 2024
Centre ID:	OSV-0000149
Fieldwork ID:	MON-0040558

About the designated centre

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

The Sisters of Nazareth opened Nazareth House Dublin as a nursing home in 1970, which was refurbished in 2018. The centre can accommodate 120 residents in single en suite bedrooms, to both male and female residents over the age of 18 years. There are two units on the ground floor called Brook Green 1 and 2 with both providing 15 bed spaces in each unit. The first floor contains 60 bed spaces with 30 provided in Gahan unit and 30 bed spaces provided in the Holy Family Unit. Larmenier unit on the second floor has 30 bed spaces available for use. Facilities available to residents include a chapel, hair salon, conference, meeting/training room and activity room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	119
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 9 January 2024	10:00hrs to 18:10hrs	Lisa Walsh	Lead
Wednesday 10 January 2024	07:25hrs to 16:25hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

The inspector spoke with a number of residents in the designated centre to gain insight into their experience of living in Nazareth House. Residents were highly complimentary of the staff, management and the care they received, with one resident saying "staff are wonderful" and another resident saying "I love it here". Throughout the day, the inspector observed staff to be kind and patient with residents. Interactions observed on the day between the residents and the person in charge demonstrated how comfortable they were with each other and how familiar the person in charge was with their needs. Although the residents received good care and were well supported by staff, areas were identified that required action included governance and management, premises, infection control, individual assessment and care planning, residents rights, notification of incidents, complaints procedure, managing behaviour that is challenging, medication management, personal possessions and the residents guide. This will be further discussed in the report below.

Following an introductory meeting with the person in charge, the inspector was accompanied on a tour of the premises. The centre was a bright, modern purpose built building and is divided into five units which are set out over three floors with residents accommodation on each floor. The units are referred to as Brook Green 1, Brook Green 2, Gahan, Holy Family and Larmenier. Brook Green 1 and Brook Green 2 are on the ground floor, Gahan and Holy Family are on the second floor and Larmenier is on the third floor. All bedrooms are single occupancy with en-suite facilities. Each unit had also had a dining room, sitting room and quiet/visitors room.

It was observed that some areas of the centre required attention these findings will be discussed further within the report under Regulations 17: Premises and 27: Infection control. Resident bedrooms were personalised with photographs, flowers, books and other items of personal significance to them. Residents reported to the inspector that they were satisfied with their bedrooms. The centres design and layout supported residents' free movement throughout, with wide corridors, sufficient handrails, armchair seating for residents and their visitors and clear signage to communal areas.

On the ground floor of the centre, across from reception, there is a corner shop with cards, gifts, snack and drinks available to buy. Next to the shop was a large bright chapel which held mass daily for residents to attend. For those residents who did not attend the chapel the service was also broadcast to each of the sitting rooms throughout the centre for them to watch if they wished. Following on from the chapel was a coffee shop which was a hive of activity on the days of inspection. Residents and families were observed to use this space for visits and those spoken with said they really enjoyed the fun relaxed atmosphere at the coffee shop. Both the corner shop and coffee shop are managed by volunteers at the centre.

Brook Green 1, on the ground floor, had a long quiet corridor called memory lane which is decorated with old school desks, old toys, clothing and home ware.

Each unit had its own dining room. The inspector observed the lunchtime and tea experience. This was a very social and relaxed experience with residents chatting to each other and choosing to sit with their friends. Tables were set for residents on their arrival for meals with the menu having two options available for residents to choose from. Residents spoken with had mixed feedback about the food with some saying it was "lovely" and they had no complaints, however, other residents said the "food is alright, okay, not wonderful". Other residents said the food was getting better following consultation through residents meetings and that the food choices available to them on the menu was improving also. Residents who required assistance at mealtimes were observed to receive this support in a respectful and dignified manner. However, during lunchtime, the inspector observed that some residents who required assistance with meals, had to wait for a period of time before staff were available to assist them. There were ample drinks available for residents at mealtimes and throughout the day.

Residents had access to large, secure courtyards and garden areas with well-manicured pathways and plenty of seating for residents to enjoy. The courtyards and garden were landscaped with raised flower beds, potted plants, well-tended grass areas and items of interest such as a vintage phone booth.

Overall, residents stated they felt happy and safe living in the centre, other residents spoke about the centre having a great community. Residents spoke positively about the staff that cared for them with one resident saying staff were "very nice, very attentive". On the days of inspection, staff were observed being respectful, caring and attentive to residents' needs. There was a relaxed atmosphere, and residents were observed freely mobilising around the centre and chatting with other residents and staff.

There was an activity programme in place. Residents gave mixed feedback about the activities provided. Some residents said they were happy with the activities available and that they made their own entertainment too. However, some residents said that there was a reduction in activities provided and that there "wasn't much to do". On the first day of inspection there was an exercise class in Gahan and Brook Green 2 in the morning. Throughout the day residents accessed the coffee shop with visitors. The inspector observed limited activities available to residents on both days of the inspection. For example, residents in Holy Family and Larmenier had no planned activities on the first day of inspection and the inspector observed that there were lengthy periods of time where residents were observed sitting in communal areas watching television without other meaningful activation. On day two of the inspection, Brook Green 1 had no planned activities scheduled for the day. There was planned activity of nail care in Gahan and Holy Family in the afternoon and Brook Green 2 had no planned activities for the afternoon. Some residents were observed to enjoy nail care and there was a pleasant atmosphere in the communal rooms. Apart from this there was limited other recreational and occupational opportunities for meaningful activities in line with residents interests observed to be provided to residents on the days of the inspection. Some visitors

who spoke to inspector reported that there had been changes to the activities provided with one visitor saying that there was a "cut back in activities" available. For example, some visitors reported that the resident was speaking a lot of time in the sitting rooms.

Residents were seen to receive visitors throughout the two days of the inspection. Overall, visitors spoken with were very positive about the centre with one visitor saying "if I had to go somewhere it would be here". Visitors were also highly complimentary of the care provided by staff saying "staff are unbelievable" and so "dedicated", "care is excellent" and "staff are wonderful".

The laundry service is provided onsite in the centre for residents clothing and residents linen is being laundered externally. Some residents raised complaints about their laundry being mislaid and clothes being shrunk.

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

Capacity and capability

Overall, the inspector found that improved supervision of staff practices were required in a number of areas to ensure the service provided to the residents upheld their rights and promoted their safety at all times. The management systems in place required action to ensure the quality and safety of care provided to residents was safe and consistent. In particular, the systems in place with regard to oversight of premises, infection control, individual assessment and care planning, residents rights, notification of incidents, volunteers and the complaints procedure.

On the first day of inspection an immediate action was issued by the inspector due to a concern, which included, the removal of an unsecured oxygen tank which was left at a nurse station with no door in Larmenier.

This unannounced inspection was carried out over two days by one inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013. The inspector also followed up on a number of issues of concern received on different occasions from members of the public since the last inspection. The inspector also reviewed the information submitted by the provider and the person in charge.

Nazareth Care Ireland is the registered provider for Nazareth House. The registered provider is involved in the operation of a number of designated centres in Ireland. Recently, the senior management structure had changed, the inspector found that lines of authority and accountability were not clear. The person in charge worked full time in the centre and reported to the chief executive officer (CEO), however the reporting system for this was not clear. The inspector was informed that a new

meeting arrangement had been put in place between the CEO and person in charge, however, on the days of inspection only one meeting had taken place and no records were available for the inspector to review. The person in charge was supported by one assistant director of nursing (ADON), three clinical nurse managers (CNM), staff nurses, health care assistants, activities coordinators, catering and household staff.

In general, the provider had allocated sufficient resources to ensure effective delivery of care. However, a CNM post had been vacant for six months at the time of inspection, with no active recruitment for the post. A staff nurse was acting as CNM to cover the role and this did not impact on the number of staff nurses available in line with the centres statement of purpose. At night, there was no CNM, a senior staff nurse undertakes the supervisory role, however, they also provide clinical care. The person in charge and ADON provide oncall support. There were activity coordinators in place Monday to Friday from 10:00 to 17:00, however, at weekends there was limited availability of activity coordinators. On review of a sample of rosters for the previous two weeks an activity coordinator was scheduled on one weekend day for three hours only.

Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations including monthly heads of department meetings and weekly CNM meetings. There was also an online biweekly meeting at group level which aimed to share learning.

The registered provider had audit and monitoring systems in place to oversee the service. However, the audit system was not effective and sufficiently robust as it had failed to identify key areas for improvement in areas such as assessment and care plan and infection control. Some improvements were also required concerning the submission of notifications, which will be discussed under Regulation 31.

The registered provider had developed several quality improvement initiatives to address the non-compliance findings of the previous inspections for infection control and restrictive practice. The antimicrobial stewardship programme had been reviewed and further developed and a comprehensive restraint register was in place and reviewed regularly.

The registered provider had a complaints policy in place which had been updated following the changes to Regulation 34: Complaints in March 2023. There were advertisements for independent advocacy services to support residents in making a complaint. Residents said they could raise a complaint with any staff member. Some improvements were required in the recording and management of complaints and will be discussed in the report under Regulation 34.

The shop, café and at times reception were operated by people on a voluntary basis. Volunteers were Garda vetted prior to commencing their role and received training in manual handling and fire safety. Volunteers role and responsibility was clearly set out in writing, however, there were no records of volunteers receiving supervision.

Regulation 15: Staffing

A review was required of the number and skill mix of staff having regard to the needs of the residents and the size and layout of the designated centre to ensure effective delivery of care. For example:

- A CNM post had been vacant for six months at the time of inspection, with no active recruitment for the post.
- There were activity coordinators in place Monday to Friday from 10:00 to 17:00, however, at weekends there was limited availability of activity coordinators. On review of a sample of rosters for the previous two weeks an activity coordinator was scheduled on one weekend day for three hours only.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems required strengthening to ensure that the service provided was safe, appropriate, consistent, and effectively monitored. For example:

- An immediate action was issued by the inspector due to a concern, which included, the removal of an unsecured oxygen tank which was left at a nurse station with no door.
- Current arrangements for the auditing of infection prevention and control and oversight of cleaning processes did not adequately identify areas that required improvement. This is detailed in Regulation 27: Infection control. This is a repeat finding from the previous two inspections.
- The process for the review and management of residents' individual care needs, assessments and care plans required further oversight. This is further detailed under Regulation 5: Individual assessment and care plan.
- Oversight systems for the submission of notifications to the Chief Inspector required review. Not all incidents required to be notified to the Chief Inspector were notified. Staff were also unaware of the system in place to ensure that all notifiable incidents were reported to the person in charge to ensure they were reported as required. This is detailed in Regulation 31: Notifications of incident.
- Oversight for ensuring residents' rights were maintained and supported required strengthening. This is further detailed under Regulation 9: Residents' rights.
- Current systems in place did not ensure issues relating to ventilation were actioned as required. For example, the temperature of the treatment rooms were identified as a concern and to be decommissioned in November 2023. However, these rooms were still in use on the days of inspection.

- Oversight of compliant management required review, this is detailed under Regulation 34: Complaints procedure.

Recently, the senior management structure had changed and the inspector found that the lines of authority and accountability were not clear. The person in charge reported to the chief executive officer (CEO), however, the reporting system for this was not clear. The inspector was informed that a new meeting arrangement had been put in place between the CEO and person in charge, however, on the days of inspection only one meeting had taken place and no records were available for the inspector to review.

A review was required to ensure that the registered provider had allocated sufficient resources for effective delivery of care. This is detailed under Regulation 15: Staffing.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Each resident had an agreed contract of care with the provider, setting out the terms, conditions and cost of their residency and contained the required authorisations.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose relating to the designated centre which contained information set out in Schedule 1.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers in the centre had their roles and responsibilities clearly set out in writing and were Garda vetted prior to commencement of their role. However, there were no records of volunteers receiving supervision and support while fulfilling their role.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspectors identified that two notifiable incidents had occurred; however, the Chief Inspector had not received the appropriate notifications. The person in charge submitted the required notifications retrospectively.

Judgment: Not compliant

Regulation 34: Complaints procedure

On review of the complaints received, the inspector found that the provider had not issued a written response to a complainant informing them whether or not their complaint had been upheld, including the reasons for that decision, any improvements recommended, and details of the review process.

Furthermore, a number of complaints that had been raised by residents in relation to laundry and food had not been recorded as a complaint.

Judgment: Substantially compliant

Quality and safety

While the inspector observed kind and compassionate staff treating the residents with dignity and respect, the systems overseeing the service's quality and safety needed to be more robust and required improvement. Further action was required by the provider to come into compliance with the regulations, particularly concerning premises, infection control, assessment and care planning, residents' rights, personal possession, managing behaviour that is challenging and resident guide.

The inspector reviewed a sample of assessment and care plans on the the centre's electronic resident care record management system. Validated assessment tools were used, and care plans were documented as being updated at four monthly intervals in line with regulations. However, gaps and discrepancies were observed in assessments and care planning, which impacted on the quality and care provided to residents. This is outlined under Regulation 5: Individual assessment and care plan. The inspector also identified that restrictive practice and behavioural support care plans required review. This is discussed further under regulation 7, managing behaviour that is challenging.

There were arrangements in place for residents to access independent advocacy services. There were facilities for recreation and some opportunities to engage in activities. Some residents were observed to enjoy some of the activities available. For example, on day two of the inspection in Gahan residents spoken with enjoyed the nail care activity. While this activity was taking place other residents were singing and the inspector observed there to be a fun atmosphere. However, the inspector observed that there was limited activities offered and that the activities were not always aligned with residents interests and capabilities. This will be discussed under Regulation 9.

There was a residents' guide in place. It included details of the services and facilities, terms and condition relating to the centre. It also, included details of the complaints process and access to independent advocacy services. However, it did not contain the external complaints process such as the Ombudsman.

Residents' had adequate space to store and maintain their personal possessions. Residents' clothing was regularly laundered in the centre, however, at times residents' clothing was misplaced.

The premises were designed and laid out to meet the individual and collective needs of the residents. There was a variety of communal and private areas observed in use by residents on the day of inspection. Ventilation issues in medication treatment rooms were observed and inappropriate storage was found in the centre. Inspectors noted that some areas of the centre required maintenance attention. These and other findings are outlined under Regulation 17: Premises.

While the centre was generally clean on the day of inspection, a number of areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), and this will be discussed under Regulation 27.

Regulation 12: Personal possessions

Minutes from residents meeting and residents' spoken identified issues with the laundry service provided. At times residents' clothing was misplaced or mixed up with another residents clothing. Residents also reported that on occasion items of clothing was also shrunk when laundered.

Judgment: Substantially compliant

Regulation 17: Premises

The centre's premises did not conform to the matters set out in Schedule 6 of the Health Act (Care and Welfare Regulations 2013). For example:

- Ventilation required review. A number of medication treatment rooms where medication was stored were too hot. For example, on the day of inspection the treatment room on Brook Green 1 recorded a temperature on 27.4 degrees. In Brook Green 2 temperatures were recorded between 27 and 29 degrees.
- The nurses station in the Larmerier unit was missing a door.
- Throughout parts of the centre ceiling tiles were removed. For example, two ceiling tiles were missing in the equipment room in Brook Green 2 and another ceiling tile had brown staining.
- There was a large crack in the wall of the quiet room in Brook Green 1.
- In the Holy Family there were also cracks on the wall around the handrails place next to the toilet in a communal assisted bathroom. This posed a risk to residents who used the handrails.
- The light in the cleaners store in Larmerier was not working.
- Bed pan washers had not been serviced since in November 2022.
- The communal toilet floors had brown and black staining that could not be removed with cleaning. The walls in communal toilets were also marked with black scuffs or paint was peeling with visible wear and tear.
- A tap was not working in an assisted bathroom in Brook Green 2.
- There were some storage issues within the centre. For example, a store room in Brook Green 2 was filled with boxes which made it very difficult to access the room. Some of the boxes were stacked against the wall from floor to ceiling, these were not stored safely and posed a hazard. Other storage issues related to boxes being stored on the floor throughout the centre which would impact the ability to effectively clean the area.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' handbook did not contain information regarding the procedure for the external complaints process such as, the Ombudsman.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider had not ensured that procedures were consistent with the national standards for infection prevention and control in community services

(2018). This was a repeated finding from the centre's previous two inspections. For example:

- The medication crusher in Brook Green 1 and Brook Green 2 was visibly dirty with white powder on top of the crusher and where medication was placed.
- A number of rooms were visibly dirty even though the cleaning schedule had been signed to say the rooms were cleaned. For example, the quiet room in Brook Green 1 had food particles on the floor and rubbish. The cleaning scheduled was signed to say it had been cleaned that morning.
- Wagons were in use in the sluice rooms to collect filled general waste bags which were then to be brought to bins outside later in the day. However, the process for cleaning the wagons was inconsistent throughout the units. Furthermore, the processes discussed with the inspector were insufficient to ensure these were cleaned appropriately. Some of the wagons in use were also broken, for example, one trolley was missing a handle.
- Cleaning equipment being used on the day of inspection was visibly dirty. For example, the flat mop heads had black staining on them and cleaning trolleys were dirty. The effectiveness of cleaning equipment is compromised if the cleaning equipment is dirty.
Sinks in some of the sluice rooms were dirty and stained. Furthermore, on review of the cleaning records, the sluice room in Brook Green 1 had not been cleaned in the past five days.
- Some communal toilets had brown staining in the toilet bowl and in one assisted toilet there was also a toilet seat placed against a wall.
- Large amounts of hand sanitizer were stored in the centre which had expired. The inspector also observed that expired hand sanitizer was in use at the centre. For example, the hand sanitizer available on each of the medication trolleys and clinical store rooms was expired.
- Some staff were wearing masks incorrectly with the masks placed under their nose, with some wearing the masks on their chin.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

A sample of medication management charts were examined. The systems in place were safe and staff had a good knowledge of safe medication management, which was observed by the inspector during this inspection. The medication management policy was available, up-to-date and included information in relation to safe prescribing, storing, dispensing, shared medications, and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure resident's assessments and care plans were in compliance with the regulation, for example:

- Some of the residents' assessed needs were not in line with their care plan. For example, a resident was assessed as needing one to one supervision at all times. However, care plan detailed that the resident needed supervision when mobilising. The care plan also detailed 30 minute checks to be in place and in another part of the care plan outlined hourly checks to be in place. This was confusing and could lead to incorrect care being provided.
- Residents' had activity care plans in place, however, they lacked detail to guide staff practice and did not always detail the residents assessed care needs. For example, a resident's activity care plan detailed their likes, however, the resident's comprehensive assessment describes other likes and interests not included in the resident's care plan.
- A resident was observed to be using a comfort chair, however, there was no assessment from an appropriate professional to inform staff practice and the care plan in place. The care plan did not detail how often the resident was to be repositioned in the comfort chair and no record was kept of when the resident was repositioned.
- A resident had an Antecedent, Behaviour, Consequence chart in place to record incidents where the resident displayed responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) taking place, however, there was no care plan in place for the resident to guide staff practice.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Documentation related to the use of restricted practices in the designated centre was reviewed by the inspector. The information was clear and reviewed by the person in charge on a regular basis. However, a resident's care plan for restrictive practice did not include all restrictive practices in place for the resident.

Judgment: Substantially compliant

Regulation 9: Residents' rights

In general residents' rights were upheld. However, some residents were seen not to have access to any meaningful activities in accordance with their interests and capabilities. The inspector observed prolonged periods of time where residents were watching television in sitting rooms without other meaningful activation. Some residents spoken with also said that they wanted more activities, this was also raised in a residents meeting. For example, residents in Holy Family and Larmenier had no planned activities on the first day of inspection. On day two of the inspection, Brook Green 1 had no planned activities scheduled for the day. There was planned activity of nail care in Ganhan and Holy Family in the afternoon. Brook Green 2 had no planned activities for the afternoon. An exercise class was scheduled in Larmenier after nail care, the inspector was informed that most of the residents cannot take part in this activity due to mobility.

Furthermore, there was no planned activities scheduled at the weekends. Two staff were employed to provide activities across the three floors and five units in the centre Monday to Friday from 10:00 to 17:00, however, at weekends there was limited availability of activity coordinators. As a result there were gaps in activity provision.

Residents meetings were taking place, however, the records reviewed demonstrated that these were infrequent, which impacted on resident ability to raise issues and have these addressed.

Judgment: Substantially 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	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Nazareth House OSV-0000149

Inspection ID: MON-0040558

Date of inspection: 10/01/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A full time CNM has now been appointed.</p> <p>We have appointed a third activity coordinator. One activity coordinator will work at weekends. A detailed schedule of activities will be documented for the week including weekend activities. The residents will be consulted as to their likes/dislikes with regard to activities offered. Feedback with regard activities will be an agenda item at our resident’s meetings.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All oxygen tanks will be stored in a locked room. Monthly audits of cleaning will be put in place and recommendations for improvement documented and actioned. A new cleaning schedule has been implemented to monitor closely daily cleaning of the premises. We are implementing foam hand sanitizer which will be more effective from an infection control perspective. There is ongoing monitoring of antimicrobial stewardship on a monthly basis with infections being an agenda item at our weekly CNM meetings. Resident care-plans will be reviewed to ensure accurate clear documentation of all aspects of the resident’s needs. Any resident who has been commenced on ABC chart will reflect in the Behavioral Care Plan. Care plans will be discussed with the clinical staff and any changes to the care plan</p>	

will be communicated clearly to all relevant staff. Auditing of random care-plans will be conducted 1/12.

A comprehensive pre-admission assessment will be completed prior to the resident being admitted to the nursing home and any specialized equipment they may bring with them should have information on the person recommending and reason for its use.

The organization structure is in place outlining the lines of authority and accountability and all senior staff are aware of the organizational structure. There has been a change to the communication structure as an additional meeting with the Director of Nursing and CEO takes place on a monthly basis where all internal issues are discussed this enhances the Governance and Management within Nursing Home.

There has been no reduction to supervisory nurses at night with a senior nurse in charge on each shift and emergency support provided DON/ADON. The current structure is working well but is always under review at our weekly CNM meetings where any issues relevant to their floor can be discussed and actioned. Senior management will also conduct spot checks at night time.

Regulation 30: Volunteers

Substantially Compliant

Outline how you are going to come into compliance with Regulation 30: Volunteers:
Any meeting held with the volunteers will now be documented to ensure there is documentary evidence of support and supervision being provided. A new induction checklist has been introduced for all volunteers. Minutes of all meetings will be provided to the Director of Nursing.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

All notifications were submitted except for Peer to Peer confrontation.

Staff have been made aware that these confrontations even if they are verbal confrontations, and if the resident has a diagnosis of Dementia are notifiable events to HIQA.

The complaints policy was circulated to all staff to enable further education on the correct procedure for making a complaint.

Resident complaints/ policy will be an agenda item at our resident's meetings.

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The new complaints policy was in place however not all complaints were reviewed as per our complaints policy. All complaints will be acted upon as per the complaints policy. All complaints will be entered on the complaints register and all information in relation to the complaint documented i.e. a written response to the complainant informing them if their complaint was upheld, including the reasons for that decision and improvements recommended and details of the review process.</p> <p>All complaints will be entered on the complaints log.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>New laundry bags have been purchased and new colour coded labels have been distributed to each unit.</p> <p>Family members have been informed to leave personal laundry for labelling prior to distribution to the resident. Any complaints will be followed as per complaints procedure. Additional hours were allocated to the laundry so clothes can be returned to the residents in a more timely manner.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>New air condition units have been installed in medication rooms to ensure the medication room is kept at the correct temperature. No equipment is stored at the second nurses station this area is for observation of residents only and a door is not required. All maintenance work/cleaning identified has been attended to. Bed Pan washers were serviced. Any boxes on the floor were placed on shelves or on wooden pallets.</p>	

Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The residents Guide was reviewed to include the new updated complaints policy which includes the Ombudsman.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The medication crusher will be cleaned after each use.</p> <p>The cleaning supervisor who was appointed after the previous inspection will complete monthly audits to ensure monthly auditing of cleaning and all actions taken will be documented.</p> <p>All cleaning staff have been informed on the importance of keeping their cleaning trolley and mop heads clean.</p> <p>All records of cleaning schedules will be checked kept up to date.</p> <p>Toilet stains have been removed.</p> <p>Out of date sanitizers have been removed.</p> <p>Staff were reminded to wear their masks properly if they choose to wear a mask.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All resident assessed needs will be documented in their care plan.</p> <p>Activity care plans will be more detailed indicating what meaningful activities the resident would like to engage in and what activity would be appropriate for them.</p> <p>Any resident using a comfort chair will be assessed by the Occupational Therapist to advise and guide practice.</p> <p>Any resident with a documented ABC chart will have a care-plan in place.</p> <p>Resident care plans will be discussed by the CNM on each unit to ensure clinical staff are familiar with the documented plan.</p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Any resident with a restrictive practice care-plan will include all restrictive practices being used. The importance of clear accurate documentation in relation to restrictive practice will be communicated to all clinical staff. Ongoing review of restrictive practice to be conducted if there is any change to the resident condition and no later than every 4/12. Restrictive practice is an agenda item at our weekly CNM meetings.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>An additional activities coordinator has been appointed. The residents will be consulted with regard to their choice of activities offered. Activities will be an agenda item at the residents meeting. Feedback from residents will be communicated to the activities staff and actioned.</p> <p>One activities coordinator will be rostered to work at weekends with the weekly activities schedule placed on all units including weekend activities.</p> <p>Residents meetings will be held more frequently and residents will be encouraged to offer their opinions on service delivery. Residents who cannot communicate their wishes will be assessed in relation to their capabilities and offered suitable activities for them. All meetings will be documented and actioned where necessary.</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 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	31/03/2024
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	29/02/2024

Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	29/02/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	29/02/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	29/02/2024
Regulation 23(c)	The registered provider shall	Not Compliant	Orange	29/02/2024

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/05/2024
Regulation 30(b)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre receive supervision and support.	Substantially Compliant	Yellow	31/05/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	31/05/2024
Regulation 34(2)(c)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/03/2024

	complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/05/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who	Substantially Compliant	Yellow	29/02/2024

	intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	29/02/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	29/02/2024
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/03/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/03/2024

Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/03/2024
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