



## Office of the Chief Inspector

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

Name of designated centre:	Nazareth House Nursing Home Sligo
Name of provider:	Nazareth House Management
Address of centre:	Church Hill, Sligo Town, Sligo
Type of inspection:	Announced
Date of inspection:	26 and 27 February 2019
Centre ID:	OSV-0000369
Fieldwork ID:	MON-0022801

## About the designated centre

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

Nazareth House Nursing Home, Sligo is a modern, purpose built centre that opened in 2007. It replaced an older nursing home building on the site that had been operational since 1910. Residential care is provided for 70 male and female residents who require long-term care or who require care for short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre is located in Sligo town and is a short walk from bus services and the train station. The building is divided into two residential units- Holy Family and Larmenier. Both units are organised over two floors and accommodate 35 residents. Each unit provides an accessible and suitable environment for residents. Bedroom accommodation consists of 30 single and 20 double rooms all of which have ensuite facilities that include toilets, showers and wash hand-basins. There are additional accessible toilets located at intervals around the units and close to communal rooms. Sitting/dining areas are located on each floor. A range of other communal areas are accessible to the units and include an oratory, a coffee dock, gallery area, library, gardens and a shop that provide additional spaces for residents' use.

In the statement of purpose the provider describes the service as aiming to provide a high standard of compassionate, dignified person centred care in accordance with evidence based best practice. The staff seek to develop, maintain and maximise the full potential of each resident.

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

Current registration end date:	20/08/2019
Number of residents on the date of inspection:	64

## How we inspect

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
26 February 2019	09:30hrs to 18:00hrs	Geraldine Jolley	Lead
27 February 2019	08:30hrs to 14:00hrs	Geraldine Jolley	Lead
26 February 2019	09:30hrs to 18:00hrs	Una Fitzgerald	Support
27 February 2019	09:30hrs to 14:00hrs	Una Fitzgerald	Support

## Views of people who use the service

The inspectors talked to six residents about their experience of living in the centre. Residents said that they enjoyed a good quality of life and that staff were kind and caring to them. Residents described how they spent their day and said they were encouraged to be independent, to make choices for themselves and to be as mobile and active as possible. Residents said they particularly enjoyed being able to leave their units to spend time in the oratory, library or coffee dock. They described the regular activities as enjoyable and said they attended quiz and board games, keep-fit and sing-a-longs. Some residents said that they preferred to spend time in their rooms reading, listening to the radio or watching television. They said that they had freedom to choose what they did and said that staff respected this.

Staff were described as kind and interested in ensuring residents were well cared for and happy in the centre. Residents said that there was plenty of staff available and described them as responsive to their needs. However some residents said that responses to call bells were slow at times. Residents said that they had choices about when they got up and went to bed and that when they changed their routine this was respected by staff who attended to their care needs at a time that suited them.

Residents described meals as varied, good quality and well presented. They said that there was alternative choices provided if they did not like the a meal option on a particular day. They also said that they could have meals alone or with others. Visitors said they were welcomed to assist at meal times if they wished to do this.

Residents said that they had good care and saw doctors when they were unwell and at other times when reviews of their care were undertaken. They said that staff informed them of hospital and clinic appointments and said that staff accompanied them if they needed help and family members were not available.

## Capacity and capability

There was a clear management structure and the responsibilities and the lines of authority of varied personnel were evident. The structure was understood by staff who knew who to report to and the responsibility of the provider representative and person in charge to ensure compliance with legislation.

There was evidence that effective leadership, governance and management systems were in place. The person in charge was a registered nurse with substantial experience in the nursing care of older people. She demonstrated good leadership and said that with the support of the clinical nurse managers and staff team they ensured the delivery of suitable safe care to residents. The provider representative has quarterly meetings where the business and general operation of the service is discussed. In addition the person in charge has the support of a Chief Nurse who visits two weekly and reviews how the service operates. There was evidence of regular oversight of the delivery of care and the overall service provided to residents. For example, there were audits of aspects of the service that included complaints management, incidents, falls, restraint use, staff training and medicines management. Audit practice had highlighted where staff were not up to date with some statutory training and the person in charge had advised staff that it was a compulsory requirement to attend and had scheduled the training that has lapsed in fire safety. An annual review of the quality and safety of care had been completed.

A condition was applied to the registration of the centre following the last registration renewal in 2016. This states that "the provider shall implement and demonstrate adherence to the revised action plan submitted on 19 September 2016 in response to the inspection report of 22/23 June 2016". The inspectors found that the actions required to ensure compliance had been completed. For example:

- an audit, review and improvement plan schedule was in place,
- information for residents was produced in a clear accessible format,
- care plans provided appropriate detail to guide nurses and carers interventions and
- the communal areas including the garden areas were accessible and used well by residents.

There was a clear complaints procedure in place and information in relation to the complaints procedure was available in the resident's guide and was displayed. The person in charge maintained a record of complaints that were received and how these had been managed. Improvement was required to ensure the outcome and satisfaction of the complainant was recorded. Residents who spoke with the inspectors were aware that there was a complaints process in place knew who was responsible for managing complaints in the centre.

The provider representative and person in charge confirmed that recruitment procedures met good human resource practice standards and that Garda Síochána (police) vetting was procured before any staff commenced employment. Registration

details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2019 for nursing staff was provided to the inspectors.

There were arrangements in place to meet with staff and with residents. Minutes of these meetings were maintained. The person in charge had a number of initiatives in place that were aimed at driving resident-focused person-centred care. She described the engagement of advocacy services that had good outcomes for residents and enabled them to have control and choices about their affairs.

There was an ongoing training programme for staff and this included training on the statutory topics of moving and handling, fire safety and adult protection. However the inspectors noted from the training record that some staff were out of date with their statutory training. The person in charge had recently introduced a robust system to ensure that this would not recur as a non compliance.

The inspectors found that the provider representative had a varied skill-mix of staff deployed to meet the assessed needs of residents taking into account the size, design and layout of the centre however, there were some indicators that the time allocated to social care could be increased as some residents said they relied on their own capacity to entertain themselves as activity staff did not work every day. Services such as catering and cleaning were contracted to an external provider. Overall the findings of this inspection indicate that the service was generally managed well and was reviewed to ensure a safe service was provided to residents. The inspectors were told that staff turnover was an ongoing issue but replacements had been recruited when staff left. The action plans from the last inspection which was a dementia thematic inspection were completed or in progress.

#### Registration Regulation 4: Application for registration or renewal of registration

The information required to assess the application for renewal of registration was provided.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge is an experienced nurse who has worked in senior roles in settings for older people for many years. She demonstrated a commitment to

ensuring residents in the centre had a good quality of life that was in keeping with their choices and lifestyles. Staff said that she provided good leadership and said that many positive changes had been introduced since she took up post in 2018. She had introduced an in-house training programme for staff that ensured that the staff team developed and acquired new skills and knowledge. She had introduced a system to identify when staff needed refresher training on mandatory topics and had scheduled training for staff who were overdue fire safety and moving and handling training. She had a management qualification and attended training on varied topics to support her in her role.

Judgment: Compliant

### Regulation 15: Staffing

Rosters showed that there were registered nurses on duty at all times in the centre. Inspectors found that staff allocations were managed to meet priority needs and to ensure the safe and appropriate delivery of care and services for residents. Inspectors were told that staff deployment is reviewed regularly and the inspectors saw evidence of this. In the Larmenier unit there were three carers available until 22.00 hours with the nurse on duty for that unit to meet the needs of residents. Care and nursing staff were directly supervised by the two clinical nurse managers who worked full time. There had been some turnover of staff and new staff had been recruited in accordance with good employment practice. There was an induction period that was recorded. Staff were observed to receive appropriate guidance during the inspection.

There was 30 hours a week dedicated to social care. The inspectors concluded that staff deployment to social care should be reviewed taking into account the varied needs of residents across the two units.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Training in key areas such as dementia, infection control, food hygiene, resuscitation and person centred care was being rolled out in the centre. The training records showed that a small number of staff were out of date with fire safety and moving and handling training. This was a repeated non compliance as an action plan from the last inspection described non-compliance with mandatory training. Fire training was scheduled for a date in early March and confirmation that all staff are now up to date was supplied to the office of the Chief Inspector. The system recently introduced by the person in charge is aimed at identifying staff early so that training can be completed within the required



timelines
Judgment: Not compliant
<b>Regulation 19: Directory of residents</b>
The directory of residents was up to date and fully complete.
Judgment: Compliant
<b>Regulation 21: Records</b>
The required records were maintained. Staff were aware of the requirements in relation to how personal information had to be managed.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
<p>The management arrangements, premises and staff resources were generally organised to ensure that safe and appropriate care was provided for residents in accordance with the aims of the centre's statement of purpose. The inspectors found that the system for the identification of training introduced by the person in charge was necessary as some staff had not completed statutory training within the required timescales.</p> <p>Varied aspects of the service were reviewed and when improvements were identified there was a remedial plan put in place. The annual review described changes that had been made during 2018 to improve the quality of life of residents. These included the creation of a fully equipped physiotherapy room, refurbishment of the gardens and unit kitchenettes and extra equipment for the library. Residents were consulted about the services and facilities and their views informed how the service operated. For example, the shop which is a service that residents said they particularly valued is now open seven days a week. There was an improvement plan outlined for 2019 and this included improvements to the environment to make it a better more accessible place to live for people with dementia, the introduction of more half day study days for staff including training on Children First and the</p>

replacement of flooring in the residential areas.

Some aspects of governance required improvement and these included how risk was identified and managed. For example there was a known problem with the call bell system which created a risk that had not been addressed.

Judgment: Substantially compliant

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

All residents had a contract of care that described the fee to be charged, the resident's contribution, the type of room occupied and the services that incurred extra charges.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre had a statement of purpose that contained the required information. The floor plans provided required review as they were not clear.

Judgment: Substantially compliant

### Regulation 30: Volunteers

The centre has a group of volunteers that have varied roles including responsibility for the shop. There are vetting disclosures for volunteers and a role outline is described.

Judgment: Compliant

### Regulation 31: Notification of incidents

The required notifications were provided when required.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place. Information advising residents and others about how to complain was described in the residents' guide, the statement of purpose and the procedure was displayed. The person in charge had improved the system for recording complaints since she came into post. An action plan in the last inspection identified that all complaints made were not recorded. The inspectors reviewed the record of complaints and were told that all issues raised were now recorded. The inspectors saw that investigations were completed in a timely way and issues resolved. Some complaints records did not convey that the complainant was satisfied with the actions taken which is a legislative requirement.

Residents told inspectors that they knew how to complain and said they felt confident their concerns would be addressed. They could name the staff they would raise issues or complaints with if needed.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The required policies and procedures were in place. There was a system for updating these to ensure that they remained relevant and provided up to date guidance for staff.

Judgment: Compliant

## Quality and safety

Inspectors found that the residential centre was providing a high standard of care, support and quality of life for residents. The design of the premises and delivery of health and social care maintains and supports good physical and psychological well-being of residents, while achieving best health and social care outcomes. There were aspects of risk management that improvement and these included fire safety training including the organisation of fire drills at times when the lowest number of staff were on duty. The design and layout of the premises meets with residents' needs however the call bell system presented risk as it cut out after a few minutes

and staff may not have responded to residents' needs. The inspectors were told the operation of the system was being reviewed.

The centre is purpose built. It is located in spacious grounds that are well maintained. The large light filled entrance includes a coffee dock and a small shop that is open daily for residents' benefit. The coffee area is very active and provides a focal point where residents, visitors and staff can meet. There is a sense that the centre is part of the local community. Daily mass is celebrated and the church is open to the local community. A short distance from the main entrance are the two residential units-Holy Family and Larmenier where residents live. Each unit is organised over two floors and has capacity to accommodate 35 residents. Corridors are wide, filled with natural light and convey a feeling of spaciousness. Inspectors observed residents walking outside and being pushed in wheelchairs in the gardens to get some fresh air. The centre is well maintained and was visibly clean throughout. Residents confirmed that their bedrooms are cleaned daily.

Residents' rights to privacy and dignity was respected by the design and layout of bedrooms. Staff were observed seeking consent for care procedures and were kind and caring in their interactions with residents. Residents told inspectors that they felt safe in the centre.

Residents' assessed needs were addressed by person-centred care plans that reflected their individual preferences and care choices. The systems in place were easily navigated and the staff were able to retrieve information in a timely manner. Inspectors found good evidence of consultation between the clinical team and relatives. On admission, all residents had been assessed by a registered nurse to identify their individual needs and choices.

The centre had residents who had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) due to their medical condition. A positive approach was taken to support these residents' care needs. Each resident had a detailed, person-centred behaviour support care plan in place that clearly identified their support needs and informed prevention and management strategies. Compassionate, sensitive and supportive care from staff positively impacted on their well-being and quality of life in the centre.

The nurse management team informed the inspectors that they were actively promoting a restraint free environment. Less restrictive alternatives to bed-rails such as low low beds and crash mats were available. Inspectors were informed that there is a limited number of low low beds. Management confirmed that there is a plan in place to purchase more beds to support the restraint free objective. The required documentation regarding bed-rail use was in place and all residents were monitored as evidenced by the electronic care documentation system in place.

Residents were supported to experience a good quality of life in this centre. Inspectors observed that the privacy and dignity of each resident was respected. The choices they made in relation to their lives were facilitated on a daily

basis. This was demonstrated by staff members knowing individual residents' needs, personalities and preferences. Inspectors observed multiple examples throughout the two day inspection whereby all staff used personal information about a resident to start a conversation.

Residents had opportunities to take part in a varied activity programme. This included group and individual activity. The inspectors saw that there was a good range of activity material and several locations where activities were organised. The deployment of staff to social care required review as some residents said that they were glad they liked reading as activities while entertaining were limited due to the hours allocated to activity staff.

### Regulation 10: Communication difficulties

The communication needs of residents were described clearly in care documentation and staff were observed to take time ensuring that residents understood what was said to them. Inspectors reviewed the care plans and found that specific care needs were outlined in care plans that were person centered and guided care.

Judgment: Compliant

### Regulation 11: Visits

There were no restrictions to the visiting times. There was space available where residents could receive visitors away from their bedrooms.

Judgment: Compliant

### Regulation 12: Personal possessions

There was adequate storage available for personal possessions. The storage facilities ensured that residents could retain control over their clothes and belongings. Residents voiced satisfaction with the laundry services provided. Any items that had been mislaid had been returned or replaced to the satisfaction of the resident.

Judgment: Compliant

## Regulation 13: End of life

There was no resident receiving end of life care during the inspection. Staff provided end of life care to residents with the support of their GP and community palliative care services. 'End of life' care plans were documented in the files reviewed. Some included residents' expressed preferences regarding their preferred setting for the delivery of care while others included information that described that family were to direct care at end of life. Staff outlined how religious and cultural practices were facilitated within the centre. Residents were satisfied with the arrangements in place.

Judgment: Compliant

## Regulation 17: Premises

The centre is purpose built. Nazareth House Nursing Home is registered to accommodate 70 residents in two distinct units- Holy Family and Larmerier. Each unit has two floors and accommodates 35 residents. The centre did not have a dementia specific unit and residents with dementia were integrated with the other residents in the centre. Residents accommodation is comprised of twenty double and thirty single rooms.

The centre was found to be well maintained, warm, comfortable and visually clean throughout. Heat, lighting and ventilation were adequate and the temperature of the building met requirements in bedrooms and communal areas where residents sat during the day.

Each unit has a communal sitting and dining area. Staff were present in these rooms at all times to attend to any resident requests. The sitting rooms on each unit had a variety of comfortable furnishings and were domestic in nature. The provision of side tables was beneficial to residents as they were used to place magazines, papers, snacks and drinks.

Residents had access to safe outdoor garden areas. There was garden furniture, planters, shrubs and interesting features that included sculptures that made the outdoor areas attractive and stimulating for residents. The doors that led to the gardens could be opened easily which had been identified for attention at the last inspection when access to the gardens had been impeded by doors that were difficult to open.

Inspectors found that bedroom layouts promoted privacy, dignity and independence. All bedrooms had ensuites that had floor level showers, wash hand-basins and toilets. The double rooms accommodated one highly dependent resident and this reduced the need for equipment that would detract from the space

available for both residents. Many rooms were personalised with photos, memorabilia and ornaments. Handrails were available in circulation areas throughout the building and grab rails were present in toilets and bathrooms. The furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. Supportive equipment such as call bell facilities were seen in use by residents that promoted their independence. However, the inspectors were told by residents that there was sometimes a delay in responding to call bells. When this was explored with staff inspectors were told that the call bells turned off after a set period of time. This was a risk to residents if staff had not responded while the bell was ringing. The call bell system was discussed at length at the feedback meeting. The management team intend to advise of the completion date for an upgraded system that will meet residents' needs more effectively in the compliance plan response.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents were provided with a varied, wholesome and nutritious diet. The management team confirmed that the nutritional content of the menu had been approved by a dietician. Residents' special dietary requirements were known to care and catering staff. Residents were observed to have meals in formats that met their needs. Fresh drinking water, snacks and other refreshments were available throughout the day. Residents voiced satisfaction with the food and the dining experience.

Judgment: Compliant

### Regulation 20: Information for residents

Each resident had access to the residents' guide. The document was detailed, user friendly and contained all of the information required by the regulations.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

A review of records and care plans conveyed that essential information was provided by staff when residents moved from one facility to another.

Judgment: Compliant

### Regulation 26: Risk management

The risk policy was last updated in January 2019 and contained all of the requirements set out under regulation 26(1). The safety statement was comprehensive and detailed. This risk register was kept under review by the person in charge. Individual risk assessments were completed for residents. For example, falls risk assessments.

Further development of the operational risk register was required as risks specific to the centre identified during the inspection had not been added to the risk register and risk rated. For example, the risk associated with the call bell system as discussed under regulation 17- Premises was not included or the risk created by staff turnover .

Judgment: Substantially compliant

### Regulation 27: Infection control

The building was clean throughout. Records evidenced and residents' confirmed that their bedrooms were cleaned daily. There was hand hygiene alcohol dispensers strategically placed along all corridors. Staff were knowledgeable on the colour coded system in place to minimise the risk of cross infection.

There were no reported infection outbreaks since the last inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

The centre had engaged with a suitably competent company to ensure that fire safety prevention systems and equipment was appropriate to the size and layout of the centre. The centre was appropriately supplied with features to detect, contain and extinguish fire and these were regularly tested and serviced. During this inspection, there was a number of areas identified for improvement:

- Not all staff had completed mandatory fire training. This is a restated action and was previously described in the last inspection report.
- A fire drill /simulated evacuation had not taken place with night time staffing levels.



- The floor maps that described the layouts of each floor did not outline the locations of all the double bedrooms.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacist of their choice. A review of all residents' medicines was completed regularly. Residents were protected by appropriate medicine practices and procedures that ensured safe storage and administration of medicines. There were written operational policies dated February 2019 relating to the ordering, prescribing, storing and administration of medicines to residents that were implemented in practice. Medicine administration records were maintained in accordance with relevant professional guidelines. Medication audits were completed. There were no reported medicine errors or near misses.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

All residents had a comprehensive assessment completed on admission and care plans were developed based on assessed need. The inspectors saw that the required actions on care plans had been taken in response to non-compliances with the regulations identified at the last inspection. Care plans for residents admitted for respite care were now completed to a good standard and outlined their care needs and objectives for care during their stay. There was evidence that residents or their representative were involved in the completion of care plans and in reviews of residents' care. Care plan reviews were conducted at a minimum of every four months as per regulatory compliance.

Judgment: Compliant

### Regulation 6: Health care

Residents had appropriate access to a GP and to allied health care professionals. There was good evidence that referrals were made in a timely manner and recommendations made were carried out by staff which had positive outcomes for residents.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The centre had a policy dated January 2019 that described the procedures in place to support staff when working with residents who have behavioural and psychological symptoms of dementia (BPSD). This policy was informed by evidence-based practice. Staff spoken with adopted a positive, person centred approach towards the management of responsive behaviours. An inspector reviewed the file of a resident with a history of responsive behavior issues. The documentation and care plan in place were detailed, person centered and guided care safely.

The centre's management was actively promoting a restraint free environment. There was no chemical restraint in use in the centre. Residents had free access to the outdoor gardens. Inspectors reviewed the care plans of some residents currently using bed-rails. The documents and procedures in place were comprehensive and met with regulatory requirements. Risk assessments were completed, consent had been obtained and there a monitoring system in place. Additional equipment such as low level beds and sensor alarms were available. Staff informed the inspectors that the supply of low low beds was a barrier to further reducing the use of bed-rails. This was discussed with the management team who acknowledged the shortfall and confirmed that there is a plan in place to purchase more low low beds.

Judgment: Compliant

### Regulation 8: Protection

The centre had policies and procedures in place to protect residents from suffering abuse and to guide staff on how to respond to allegations, disclosures and suspicions of abuse. All staff had received training on identifying and responding to elder abuse. Staff were able to explain the different categories of abuse and had knowledge of what their responsibility was should they suspect abuse. All staff had received training which had been identified for attention in the action plan from the last inspection. Staff spoken to knew how to report a concern and to report it promptly. A safeguarding matter reported to the office of the Chief Inspector had been effectively managed in the interests of residents' well-being.

Residents confirmed that they felt safe in the centre. They described how staff attended to their care needs in a calm and sensitive way and said they were respectful in their interactions.

The centre had agent responsibility for a resident's finances. There was appropriate documentation and accounts available for inspection. These conveyed that the

requirements of the Department of Social Protection were met.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care through the provision of appropriate information and advice. There were arrangements in place for residents to receive visitors in private. Residents could access independent advocacy services which staff said had been very helpful to them. Inadequate facilitation of access to an advocacy service had been highlighted for attention at the last inspection. The inspectors noted that the advocacy service was actively used now.

Resident meetings evidenced that residents are consulted about how services are planned and run. There was an emphasis on religious practice at residents' request and in keeping with the ethos of the centre. Many residents attended daily mass and the rosary.

Residents' links with the local community were maintained where possible, and this was supported by access to local media and telephone services. Each resident has opportunity to participate in activities that are meaningful and purposeful to their needs, interests and capacities.

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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Nazareth House Nursing Home Sligo OSV-0000369

Inspection ID: MON-0022801

Date of inspection: 26/02/2019 and 27/02/2019

## 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:            Staff deployment to social care has been reviewed taking into account the varied needs of residents across the two units. Whilst there is an employed person for 30 hours, this person also organises and arranges a number of other services and activities which are purchased by the Nursing Home. The Nursing Home has also made available funding to provide educational classes in Art and Flower Arranging. The Nursing Home also has a number of dedicated volunteers who provide music, storytelling and cookery classes. The Nursing Home has a Café, shop, hair salon and a church on site.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            All staff have now completed their mandatory training and records have been retained for inspection. Further sessions of fire training have been scheduled for the rest of the year, and will be on-going. A new training matrix has been developed that includes an alert system for staff whose mandatory training is required to be renewed within 2 months of the expiry date for their training.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The risk register has been amended to include all identified risks. The risk register now includes the two risks identified during the inspection in relation to:</p> <ul style="list-style-type: none"> <li>• The difficulty in recruiting and selecting staff; and</li> <li>• The duration of the call bell ringing times.</li> </ul>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been amended to include a clear set of floor and fire evacuation plans for the Nursing Home. The floor plans will detail all single and double bedrooms.</p> <p>The Statement of Purpose also now includes the ancillary hours for catering and domestic services.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints records have been reviewed, and now contain information that will confirm if the complainant was satisfied with the actions taken which is a legislative requirement. The complaints records are now available on CareSys and cover all legislative requirements.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The management team advise of the completion date for an upgraded system that will meet residents' needs:</p>	



- The Nurse Call System supplier has identified a resolution to the problem of the call bell system switching off in the bedroom after a period.
- New software upgrades will be installed which will keep the call bell ringing until it is answered by a staff member.
- This upgrade of the call bell system will be completed by 12th April 2019.

The existing hand held-sets that the Nurses carry, continues to ring until the call bell is answered within the bedrooms.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:  
 The operational risk register has been reviewed and any new risks have been added to the register and risk rated. The risk created by staff turnover has been added to the risk register and rated. The risk identified during the inspection regarding the call bells has also been added. Following remedial works to be completed, this risk will no longer exist as a result of the upgrades to the call bell system.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 All staff have attended fire training. Fire training dates have been scheduled for the remainder of the year. Five fire drills have been planned for night time staff. Fire Drills are scheduled to take place during the hours when night staff are only available within the Nursing Home.  
 The floor plans/maps now displayed, contain all the required information.

## 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 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	01/04/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	01/04/2019
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.	Not Compliant	Yellow	12/04/2019

Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	08/04/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	12/04/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	01/04/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures,	Not Compliant	Orange	01/04/2019

	building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/04/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Yellow	30/04/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated	Substantially Compliant	Yellow	12/04/2019

	centre concerned and containing the information set out in Schedule 1.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	01/04/2019