

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Nazareth House
Centre ID:	OSV-0000257
Centre address:	Dromahane, Mallow, Cork.
Telephone number:	022 215 61
Email address:	admin.mallow@nazarethcare.com
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Sisters of Nazareth
Provider Nominee:	John O'Mahoney
Lead inspector:	John Greaney
Support inspector(s):	Cathleen Callanan;
Type of inspection	Announced
Number of residents on the date of inspection:	81
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
23 July 2014 08:55	23 July 2014 18:30
24 July 2014 08:45	24 July 2014 14:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Nazareth House nursing home is two storey premises comprising 85 beds and is situated in a rural area approximately three kilometres from Mallow town. It was established in 1930 as a residential care setting and currently provides residential, respite and palliative care.

During this inspection, which was a renewal of registration inspection, the inspector met with a number of residents, relatives and staff members. The inspector observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files. The inspection took place over two days involving two inspectors on the first day and one

inspector on the second day.

Overall the findings of this inspection indicated that residents received care to a good standard in premises that posed significant challenges for staff to support the privacy and dignity of residents. The provider and person in charge were knowledgeable of their obligations under the relevant standards and regulations, and demonstrated a commitment to providing a high standard of care to residents. Nursing and care staff were knowledgeable of residents' needs and provided a high standard of care. There was good access to GP services, including out-of-hours and residents were referred for review by allied health/specialist services when indicated.

A number of completed questionnaires were received from residents and relatives and the overall feedback indicated satisfaction with the care provided. This was supported by positive feedback given to the inspector by residents and relatives on the days of the inspection.

Even though care was provided to a good standard, some improvements were required, most notably in the design and layout of the premises. The premises were old and not suitable for their stated purpose. Resident accommodation was predominantly in large multi-occupancy bedrooms, some of which did not have a separate entrance and could only be accessed through other bedrooms. This posed a significant challenge for staff to maintain the privacy and dignity of residents when care was being provided. There were inadequate sanitary facilities and many of the toilets were located some distance from residents' bedrooms and were not readily accessible for residents and in particular residents with mobility impairment. There was inadequate storage facilities, including storage for residents personal property and a lack of general storage for equipment. Residents did not have access to suitable, safe outdoor space.

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that accurately described the service that was provided in the centre and contained all the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

On the days of inspection there was evidence of sufficient resources to support the delivery of care. There was a clearly defined management structure with clear lines of authority and accountability for the delivery of the service comprising a person in charge who was supported in her role by two clinical nurse managers. The person in charge reported to the nominated provider.

There was a comprehensive system for reviewing and monitoring the quality of care that

included audits of medication management, privacy and dignity, care plans, falls, and cleaning. The quality review process also incorporated consultation with relatives through a relative survey and consultation with residents through regular meetings. There was evidence of actions taken in response to issues identified.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

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

Findings:

There was a Resident's Guide that contained all the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Each resident had a written contract of care detailing the services to be provided and the fees to be charged to the resident.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was managed by registered nurse who worked full time and had the required experience in the area of nursing of the older person. Throughout the days of the inspection the person in charge clearly demonstrated that she had sufficient clinical knowledge and a sufficient knowledge of the legislation and of her statutory responsibilities.

The person in charge was engaged in the day to day governance and operational management of the centre. Throughout the inspection the person in charge was seen to interact with residents and it was evident that residents were familiar with her. The inspector was satisfied that the centre was managed by a suitably qualified and experienced manager.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed records including a sample of personnel records, a sample of residents' medical and nursing records, the directory of residents, residents' financial records, and operating policies and procedures. Overall, the inspector was satisfied that there was substantial compliance with the Regulations in relation to records management and any issues identified for improvement will be addressed in the relevant outcome of this report.

Records were accurate, up-to-date and were kept secure but easily retrievable. A record was maintained of all visitors to the centre. The Directory of Residents contained all the items specified in Schedule 3 of the Regulations and an insurance certificate had been submitted to the Authority indicating that the centre was adequately insured against accidents or injury to residents, staff or visitors.

All of the operating policies and procedures listed in Schedule 5 of the regulations were available, were regularly reviewed and staff members spoken with demonstrated adequate knowledge of the policies and procedures.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was no period in excess of 28 days when the person in charge was absent from the centre. The person in charge was supported in her role by two clinical nurse managers who would take charge of the centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was an up-to-date policy on the prevention, detection and response to abuse. Training records indicated that most, but not all, staff had received up-to-date training on the prevention, detection and response to abuse. Staff members spoken with by the inspector were knowledgeable of what to do in the event of suspicions, allegations or disclosures of abuse. Residents spoken with by the inspector stated that they felt safe in the centre and stated that they could talk to the person in charge if they had any concerns. The inspector was informed that there have been no incidents or allegations of abuse.

Inspectors viewed a sample of residents' finances and were satisfied that there were adequate systems in place to safeguard residents' money.

There was a policy in place for managing behaviours that challenge. Based on discussions with staff and a review of residents' records staff had the knowledge and skills to appropriately respond to and manage incidents of challenging behaviour. There

was a policy on the management of restraint and there were risk assessments and records of safety checks when restraint was used.

Judgment:
Non Compliant - Minor

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

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

Findings:

There were up-to-date policies and procedures relating to health and safety, including infection prevention and control and food safety. There was an up-to-date safety statement. There was a risk management policy and associated risk register that addressed the risk of and measures in place to control the unexplained absence of a resident, accidental injury, aggression and violence, and self-harm, however, the risk management policy did not address abuse.

The inspector reviewed the accident and incident log and was satisfied that there were adequate arrangements in place for investigating and learning from serious accidents and incidents. On one of the days of inspection the inspector saw a door from the sitting room on the first floor opened, which led out onto a balcony that had a low wall perimeter. While there were no residents in the sitting room at the time, this was a potential risk for the health and safety of residents.

There was an emergency plan that addressed emergencies such as loss of power, absconson, fire, and the safe placement of residents in the event of a prolonged evacuation. Training records indicated that most, but not all, staff had received up-to-date training on manual handling.

While there were procedures in place for the prevention and control of infection, such as a colour coded cleaning system, a schedule for cleaning, hand-wash basins and hand hygiene gel dispensers located at suitable intervals throughout the centre, the design and layout of the premises did not contribute to good infection prevention control practice and would contribute to cross contamination in the event of an outbreak of infectious disease. For example, some of the multi-occupancy bedrooms were only separated by wood and glass partitions that did not extend all the way to the ceiling and did not have doors that would not permit the segregation of residents. It was necessary to walk through some bedrooms in order to access other bedrooms and toilets and bathrooms were not located proximal to all bedrooms. There were suitable practices for the management of household, food and clinical waste. Cleaning staff clearly articulated sufficient knowledge of cleaning procedures.

Suitable fire equipment was provided throughout the centre. There were records available demonstrating the regular maintenance of fire safety equipment, emergency lighting and the fire alarm system. There were records of regular fire drills, routine inspection of fire safety equipment, daily inspection of means of escapes and routine sounding of the fire alarm system. All emergency exits were seen to be free of obstruction on the days of inspection. Most, but not all, staff had received up-to-date training in fire safety and staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Based on the observation of the inspector, medication administration practices complied with relevant professional guidelines. Medications were stored appropriately, including medications requiring refrigeration, and the fridge temperature was monitored and recorded. There were no residents in the centre who self-administered their medications. Residents' prescriptions were reviewed regularly by the residents' GP.

There were regular audits of medication management practices and any issues identified were addressed. Medications governed under the misuse of drugs legislation were stored appropriately, were counted at the end of each shift and the count was verified by two nurses' signatures. While there were appropriate procedures in place for the return of unused drugs, there was no system in place to ensure that drugs stored for use during out-of-hours emergencies, such as antibiotics, were monitored to ensure they were not past their expiry date.

Judgment:

Non Compliant - Minor

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Records were available of accidents and incidents occurring in the centre and based on a review of the records, the inspector was satisfied that the Authority was notified of all relevant accidents and incidents within the appropriate time frame.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

The inspector was satisfied that residents' health care needs were met to a good standard through appropriate medical and nursing care. Residents were comprehensively assessed on admission and at regular intervals thereafter using recognised evidence based tools. There was evidence of the development of care plans based on these assessments, which were personalised and addressed issues identified on assessment.

Residents were regularly reviewed by their general practitioner (GP) and there was also access to out-of-hours GP services when required. Residents were referred for review by allied health/specialist services such as speech and language therapy, dietetics, physiotherapy, dental, occupational therapy and chiropody. Advice from allied health/specialist services was incorporated into care plans. A review of records indicated that, when a resident was admitted, transferred or discharged to and from the centre, appropriate information about their care and treatment was shared between providers.

Wound care accorded to evidence-based practice with the use of assessment tools for documenting improvements or otherwise of wounds including the use of photography.

Records indicated referral to a wound care clinic for advice on the care and treatment of wounds, when indicated.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Nazareth House is located in a rural area approximately three kilometres from Mallow town. It is a two-storey building with access to the first floor by both stairs and lift. For operational purposes the centre is divided into three sections, the ground floor and the first floor, both of which accommodate 37 residents and the private wing, which is also on the ground floor and accommodates 11 residents.

Overall inspectors were not satisfied that the design and layout of the centre was suitable for its stated purpose and did not meet residents' individual and collective needs in a comfortable and homely way. The centre appeared to be clean throughout and was generally well maintained, however, the design and layout of premises posed significant challenges to staff to provide care in a dignified and respectful manner due to the multi-occupancy nature of the bedrooms, the limited access to suitable sanitary facilities, unsuitable storage for residents' personal property and the lack of general storage for equipment.

Bedroom accommodation on the ground floor comprised one three-bedded room, two four-bedded rooms, four five-bedded rooms and one six-bedded room. Bedroom accommodation on the first floor comprised three single bedrooms, one twin-bedroom, two three-bedded rooms, one four-bedded room, three five-bedded rooms, and one seven-bedded room. All of the bedrooms in the private wing are single, seven of which are en suite with toilet, shower and wash-hand basin and two bedrooms share an en suite toilet, shower and wash-hand basin. As stated in Outcome 8, a number of the multi-occupancy bedrooms are only separated by a partition that does not extend all the way to the ceiling and do not have doors. Some of these bedrooms do not have separate entrances and can only be accessed by walking through other bedrooms. This has a significant impact on the privacy and dignity of residents and does not support

good infection prevention and control practice. Clothing for residents in the multi-occupancy bedrooms was stored in large wardrobes located in the corner of the rooms and was not conveniently accessible by residents.

Sanitary facilities for use by residents on the ground floor comprised a large bathroom containing an assisted bath, an assisted shower and two toilet cubicles; there was a toilet containing two toilet cubicles and two wash-hand basins; there were two toilet cubicles, however, these were distant from bedroom accommodation and communal rooms and were not convenient for use by residents and did not appear to be used as one of the toilets lacked a toilet seat; there was a bathroom with a standard bath, however this was also distant from resident bedroom and communal areas and on the days of inspection was used to store cleaning equipment; and there was bathroom with a toilet and assisted shower proximal to one of the communal rooms. Sanitary facilities on the first floor comprised a bathroom with an assisted bath and two toilet cubicles; there was a bathroom with an assisted bath and two toilet cubicles; there were two toilet cubicles, however these were distant from bedroom accommodation and communal rooms and were not convenient for use by residents; and one of the single bedrooms was en suite with shower, toilet and wash-hand basin. Some sluicing facilities were located in cubicles in bathrooms next to toilet cubicles, which was also not good infection prevention and control practice.

There was adequate assistive equipment available such as hoists, profiling beds, speciality mattresses and wheelchairs and records were available of a programme of preventive maintenance. There were adequate laundry facilities with adequate space and a suitable system in place for the segregation of clean and dirty laundry. There was no safe and suitable garden for use by residents.

Since the last inspection a smaller smoking room had been created by sectioning off part of the previous large communal room that had been designated for smoking. The new smoking room was ventilated to the external air by natural and mechanical means and contained a window to facilitate the observation of residents while they smoked.

Judgment:
Non Compliant - Major

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
There was an up-to-date policy on the management of complaints and the complaints

procedure was on prominent display in the centre. There was a nominated person to deal with complaints and an appeals process. The inspector reviewed the complaints log which indicated that all complaints were investigated and the outcome of the complaints process was recorded. Residents had access to an advocate who visited the centre regularly and met with residents as a group and individually. Issues raised by residents with the advocate were addressed by the provider or person in charge.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
End of life care needs were addressed to a good standard. Care plans were developed, were personalised and addressed the physical, psychological, social and spiritual needs of residents. An end of life group had been formed and minutes of a meeting suggested progress in relation to how the centre could enhance the provision of end of life care.

There was an up-to-date policy on end of life care and on resident resuscitation status and management. There was evidence of discussion with residents and family members in relation to end of life preferences and this was documented in care plans. Where extraordinary measures were not indicated this was recorded on an order for life sustaining treatment, which was completed and signed by the resident's GP and family. Records indicated that residents care needs were met at end of life to a good standard with appropriate referral and review by palliative care services, where indicated.

As discussed in Outcome 12, many of the bedrooms were multi-occupancy in nature and therefore residents could not always be facilitated with a private room at end of life, however, when a single room was available residents were facilitated with this if they wished. Family and friends were facilitated to remain with residents at end of life and overnight facilities were available. Religious and cultural practices were facilitated.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and

nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

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

Findings:

There was a comprehensive policy on the management of nutrition and there was evidence that it was implemented in practice. Residents were nutritionally assessed on admission and at regular intervals thereafter using a recognised evidence-based assessment tool. Where issues were identified there was evidence of referral and review by speech and language therapy and dietetics. Residents were weighed regularly.

During the inspection process the inspector observed breakfast, lunch and tea. Most residents had their breakfast in their bedrooms but had lunch and tea in the dining rooms. Meal times were observed to be relaxed and residents requiring assistance with meals were assisted in an appropriate and respectful manner.

There was a six week rolling menu cycle and all residents were offered choice at mealtimes, including residents on modified consistency diets. Food appeared to be nutritious, was available in sufficient quantities and was presented in an attractive manner. Residents had access to fluids and snacks throughout the day. Staff members spoken with, including catering staff, were knowledgeable of individual resident's personal preferences and prescribed diets.

A dietitian had evaluated the menu in relation to the nutritious value of food served and only made a small number of recommendations. One of these was the addition of smoothies to improve fruit consumption and the inspectors observed residents being offered smoothies as snacks in the morning.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Residents were consulted through regular meetings and the minutes of these meetings were available for review. Relatives were consulted through a relatives survey, most recently completed in June and July 2014.

Residents had access to a range of activities and residents that did not wish to partake in group activities were facilitated with one to one sessions that included discussions of topical issues, hand massage or reminiscence.

There was adequate communal sitting and dining rooms, however, due to the multi-occupancy nature of the bedrooms, facilities were not always suitable for residents to meet with visitors in private. As stated in Outcome 12, the design and layout of the centre posed a significant challenge for staff to provide care while respecting the privacy and dignity of residents, particularly due to the open nature of the multi-occupancy bedrooms. Privacy and dignity were further compromised by the lack of suitable sanitary facilities, which has also been discussed in more detail in Outcome 12.

The inspector observed visitors coming and going throughout the day and interacting with staff in a manner that indicated familiarity. Relatives spoken with by the inspector were complimentary of the care provided by staff. Residents' religious and spiritual practices were facilitated and respected and mass was available in the centre daily.

Staff were knowledgeable of the various communication needs of residents, and these were adequately addressed in care plans. Residents had access to daily newspaper, television and radio.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy on residents' personal property and possessions. Records were maintained of residents personal property and possessions and there were adequate procedures in place for the safe return residents' clothing following laundering. As

already stated in this report, due to shortcomings in the premises, there was unsuitable arrangements for residents to store and retain control over their clothing.

Judgment:
Non Compliant - Minor

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

Based on a review of the roster and observations of the inspector over the course of the inspection there were adequate numbers of staff and skill mix to meet the needs of residents.

There was an ongoing programme of training to support staff provide contemporary evidence-based care. Based on records seen by the inspector most, but not all, staff had received up-to-date training on fire safety, prevention and detection of abuse and manual handling. Other training completed by members of staff included end of life care, hand hygiene, infection control, falls prevention, palliative care and nutrition.

Staff were appropriately supervised and there was evidence of a programme of induction for new staff. Current registration was available for all nursing staff. A review of personnel records indicated that all of the requirements of Schedule 2 were met.

Judgment:
Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Nazareth House
Centre ID:	OSV-0000257
Date of inspection:	23/07/2014
Date of response:	10/10/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Most, but not all, staff had received up-to-date training on the prevention, detection and response to abuse.

Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

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

Up-to-date training on the prevention, detection and response to abuse for the remaining five staff (of a total of 132) will be completed by 6th October 2014

Proposed Timescale: 06/10/2014

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

There was a risk management policy and associated risk register that addressed the risk of and measures in place to control the unexplained absence of a resident, accidental injury, aggression and violence, and self-harm, however, the risk management policy did not address abuse.

Action Required:

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

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

The risk management policy and associated risk register will be updated to include addressing the measures and actions in place to control abuse.

Proposed Timescale: 14/10/2014

Theme:

Safe care and support

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

Most, but not all, staff had received up-to-date training on fire safety.

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, 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.

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

Arrangements will be made for the remaining thirteen staff members receive suitable training in fire prevention and emergency procedures, including evacuation procedures,

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.

Proposed Timescale: 22/10/2014

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While there were appropriate procedures in place for the return of unused drugs, there was no system in place to ensure that drugs stored for use during out-of-hours emergencies, such as antibiotics, were monitored to ensure they were not past their expiry date.

Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

Arrangements have been put in place since 1st September with the pharmacist to store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and to dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product. The pharmacist will add the checking of the antibiotic box to their monthly checklist and meet with the nurses every four weeks, ensuring that medicines have a minimum of a 3 month shelf-life, otherwise it will be replaced.

Proposed Timescale: 12/09/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Overall inspectors were not satisfied that the design and layout of the centre was

suitable for its stated purpose and did not meet residents' individual and collective needs in a comfortable and homely way, due to:

- large-multi-occupancy bedrooms
- some bedrooms could only be accessed through other bedrooms
- unsuitable sanitary facilities
- unsuitable general storage
- unsuitable storage for residents clothing
- lack of outdoor space

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Nazareth House Mallow is an older facility in the ownership of Sisters of Nazareth and managed by Nazareth Care Ireland. The providers acknowledge the physical environment is less than other Nazareth Care Ireland facilities in Ireland and around the world. The provider however is adamant that the provision of care including the staffing levels are tailored to meet the physical challenges of the environment and that this results in a strong care environment for the resident.

However in recognition of the less than perfect physical environment, the provider has undertaken a comprehensive strategic review of the nursing home in Mallow in conjunction with a major accounting practice specialising in Healthcare. The outcome of this review was a recommendation for the replacement of the existing home with the construction of a new purpose built facility on the grounds of the current home.

The new home is intended to be in excess of 110 beds and will be state of the art in its design. As a consequence, by the end of the derogation period (July 2015) as it pertains to Standard 25 (Physical Environment) Nazareth House Mallow will be well on its way to having a new nursing home which will meet the highest environmental standards.

Nazareth House Mallow, will be substantially redeveloped in line with the timelines as set out hereunder. This timeline is behind what was hoped for earlier in the year, but this is because the negotiations with the National Treatment Purchase Fund (NTPF) ran for over 9 months longer than was anticipated when that timeline was proposed. The negotiations with the NTPF, were completed in early October 2014, and the new agreed rates of remuneration will commence from this month. Until such time as the new rates were agreed, Nazareth House Ireland were not in a position to commit to the redevelopment as they were not in a position to display financial sustainability to their financial institution. Now that this matter has been resolved, the Sisters of Nazareth have committed to providing capital towards the redevelopment and the financial institutions are indicating satisfaction with the income stream from the home, such that they are agreeable to advancing funding for the redevelopment. With that in mind, Nazareth House have agreed with their design team and financial advisors that the timescale to opening the new facility will be as follows:

Item	Commencement Date	Completion Date
Design & Lodge for planning	October 2014	Prior to year end 2014
Secure planning	January 2015	March 2015
Go to tender	February 2015	March 2015
Commence construction 2016	April 2015	April
Registration & operational	May 2016	

Nazareth House is committed to this timeline, and the only item, which might delay the delivery to this agenda, is any delay in the planning process. Architects have already prepared a preliminary design of the redevelopment at this point. Nazareth House Mallow will seek the input of HIQA as part of the finalisation of design. It is also worth pointing out that progress has been made on a number of other fronts, including banking and project management and this has been since the NTPF agreed acceptable rates with Nazareth House only a matter of two weeks ago. The management team at Nazareth House are exceptionally cognisant of the need to deliver to this timeline, and they are proposing to develop in excess of 110 beds, as there is very significant pressure on supply in the north Cork region. Nazareth House Mallow are hopeful that HIQA will allow registration of the existing facilities until this time and as stated the key reason for the delay (negotiations with the NTPF) has now been successfully concluded

Proposed Timescale: 30/04/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The design and layout of the centre posed a significant challenge for staff to provide care while respecting the privacy and dignity of residents, particularly due to the open nature of the multi-occupancy bedrooms and the lack of suitable sanitary facilities.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The significant challenge for staff to provide care while respecting the privacy and dignity of residents, particularly due to the open nature of the multi-occupancy bedrooms and the lack of suitable sanitary facilities will be addressed in the new build facility as outlined in outcome 12.

Proposed Timescale: 30/04/2016

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Facilities were not suitable for all residents to meet with visitors in private

Action Required:

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

A suitable communal facility will be constructed in the existing building and made available for a resident to receive a visitor in a private area which is not the resident's room.

Proposed Timescale: 14/11/2014

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Due to shortcomings in the premises, there was unsuitable arrangements for residents to store and retain control over their clothing.

Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

Adequate space for each resident to store and maintain his or her clothes and other personal possessions will be addressed in the new build facility as outlined in outcome 12.

Proposed Timescale: 30/04/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all staff had up-to-date training in manual handling.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Arrangements have been made to have the remaining staff member access to up-to-date training in manual handling.

Proposed Timescale: 06/10/2014