

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Nazareth House
<b>Centre ID:</b>	OSV-0000368
<b>Centre address:</b>	Fahan, Lifford, Donegal.
<b>Telephone number:</b>	074 936 0113
<b>Email address:</b>	john.omahoney@nazarethcare.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sisters of Nazareth
<b>Provider Nominee:</b>	John O'Mahoney
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	40
<b>Number of vacancies on the date of inspection:</b>	8

## 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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 21 January 2016 11:30 To: 20 January 2016 19:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

**Summary of findings from this inspection**

This monitoring inspection was unannounced and took place over one day. The inspector observed care practice, reviewed documentation such as care plans, accident and incident reports, the medication management system and the deployment of staff. The inspector talked to residents about their experience of living in the centre and talked to staff about their day to day work and training. Residents and relatives commented positively about factors such as the information conveyed to them, the positive attitudes and dedication of the staff team and the efforts made to support residents to maintain their independence. Residents that the inspector talked to during the inspection said that “the staff were considerate and remembered the way I like things done”, “were always at hand and encourage us to walk around and keep independent” and they described the food as “good with plenty of variety each day”. Residents also said they enjoyed a range of activities and valued the efforts of the activity coordinator to vary the programme and to include activities such as music, song and crafts. Two residents said that they valued the pastoral ethos of the service and the ways they were supported to attend religious services.

Nazareth House is a large building that is connected to a convent community. It provides care to dependent persons who require care on a long or short term basis and residents who need care for problems associated with dementia or who have palliative care needs are accommodated. Care, nursing staff and ancillary staff were well informed and conveyed a comprehensive understanding of individual residents' needs, wishes and preferences. They described how independence and well being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated and engaged by taking part in activities.

The inspector found that standards of nursing and social care were appropriate to residents needs and that residents had a good quality of life in the centre. Care plans described the choices and preferences made by residents in relation personal care and how they spent their time. Staffing numbers and skill mix were adequate and took account of the needs of residents and the size and layout of the premises. However, over 50% of residents had problems associated with dementia and many residents had fluctuating conditions. The inspector found that staffing numbers and skill mix required regular review to ensure adequate numbers of staff were available to meet residents' needs.

Care plan documentation confirmed that staff were aware of residents abilities as well as their care needs and information on the activities that residents could do for themselves in areas such as personal care was recorded and used by staff in day to day practice. All staff had received training in topics such as adult protection, fire safety, moving and handling as well as infection control, varied aspects of dementia care and nutrition. Residents had access to doctors and to the services of allied health professionals. Care plans outlined health and social care needs and were based on a range of evidence based assessments. The inspector found that while the standard of care planning was generally good, the needs of residents who had dementia needed to be outlined more comprehensively to ensure that staff were familiar with their abilities as well as their needs for support and to reflect evidence based practice.

There were systems in place to ensure the environment was appropriate and safe for residents, staff and visitors. There were policies, procedures, systems and practices in place to assess, monitor and analyze potential risks and control measures were in place to ensure risk was minimized. There were some improvements required for example storage in hallways presented a trip hazard and flooring in some hallways showed signs of wear and tear. The centre was clean and well organized. The fire safety arrangements were assessed by the local fire authority and significant work is required to address the shortfalls identified. The provider has a plan in place to undertake this work. The inspector outlined requirements in this report to ensure the Authority is advised of the schedule of works and the plans to be put in place to limit the impact on residents. The works include the installation of fire doors, self closure devices on fire doors and work to the kitchen area. This will impact directly on kitchen areas. Staff were familiar with the fire safety routines, the location of fire fighting equipment and the actions they were required to take should the fire alarm be activated. There was an ongoing programme of decoration and maintenance.

The person in charge and nurses demonstrated good knowledge of the legislation and standards throughout the inspection. They were aware of their legislative responsibilities including the notifications that had to be made to the Authority. The inspector found that there was a strong commitment to ensure compliance with legislation and to ensure residents had a good quality of life that met their needs.

The last inspection of the centre was conducted on 8 December 2014. It was an unannounced inspection that focused on the themes of end of life care and food and nutrition. The inspector found that the five actions outlined under health and safety, care planning, premises and medication had been addressed. During this inspection there was evidence of good compliance across the outcomes reviewed. The matters that were identified for attention in addition to those outlined earlier included inadequate storage for equipment, more attention to risk identification and management as equipment stored presented a trip hazard in some areas and daily records of care needed to outline more fully the care and treatments provided each day.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***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:**

There is a clearly defined management structure that identifies the lines of authority and accountability. The person in charge is supported by a team of nursing staff one of whom is identified to take charge in her absence. There is also support from administration staff and from sisters from the religious order some of whom contribute to the training programme..

Effective management systems and sufficient resources were in place to ensure the delivery of care met appropriate standards. The nominated person on behalf of the organisation was kept informed of any changes and visited the centre regularly. He had developed a schedule of work with associated costs to undertake the remedial work required by the fire authority and other essential renovation work.

**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 person in charge is a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service. There is a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge reports to the nominated person on behalf of the organisation who visits the centre regularly. She also has support from nursing, care, administration, ancillary staff and sisters from the convent community who have a range of support roles in the centre.

The person in charge demonstrated appropriate clinical knowledge and sufficient knowledge of the regulations and her statutory responsibilities. The inspector found that the person in charge worked full time as required and was engaged in the governance, operational management and administration of the centre when on duty.

The person in charge maintained her professional development and during 2015 had attended training and conferences relevant to her role. Her mandatory training in adult protection, manual handling and fire safety was up to date. She had also ensured that all staff had opportunities to attend training courses relevant to their particular roles and responsibilities.

**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 standard of administration and record keeping was in general satisfactory, however, daily care records which are maintained electronically required improvement. The inspector found there was a record of residents' health condition and treatment given completed each day and night but some records were generic and did not reflect progress or the impact of the social and psychological support provided each day to ensure residents well-being. For example, staff were noted to provide extensive support

in several areas such as supporting residents to participate in activities, encouraging them eat independently and taking time for people to communicate which enabled residents to enjoy an enhanced quality of life but these interventions were not evident in the information recorded.

**Judgment:**

Substantially 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:**

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy and procedures that provided guidance for staff on how to identify and manage incidents of elder abuse or concerns about adult protection. The information available described the various types of abuse, assessment, how to report and investigate incidents of abuse.

The training records conveyed that all staff had opportunities to participate in training on the protection of residents from abuse. During discussions with the inspector staff outlined what to do in the event of a disclosure about actual, alleged, or suspected abuse how they would report such an incident, Staff could clearly convey that the welfare of the resident was their primary concern. Staff were aware of the contact details of the local Health Service Executive case worker responsible for adult protection notifications.

There was a visitors' record located by the entrance to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The inspector saw that this was in regular use by people entering and leaving the building. The centre was further monitored by closed circuit television cameras at entrance and exit points. Residents confirmed that they felt safe in the centre and contributed this to the presence and availability of staff and the doors being secure.

**Judgment:**

Compliant

***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:**

A risk management policy was in place and there was a safety statement for the service dated October 2013. The policy covered the identification, management and control of risks. Policies on hazards such as accidents/incidents, fire safety, moving and handling, the management of hygiene and laundry were available. Incidents and accidents were recorded and procedures were put in place to minimise the risk of re-occurrence. For example, low-low beds and alarm mats were put in place to prevent falls and to reduce the risk of injury consequent to falls. The inspector noted that accidents and incidents were described well and that neurological observations were undertaken following unwitnessed falls to identify deterioration in health expediently. On walking around the premises the inspector noted that there were systems in place to assist in controlling/minimising the risks associated with the environment. An example observed was the caution notice in place to advise anyone using the building of a slope on part of the floor area which was a hazard for people walking independently or using walking aids or wheelchairs. An action plan in the last report required that furniture layouts were revised in some communal areas as some items created obstacles. This had been addressed and the inspector saw that residents could move around freely and did not have to negotiate furniture in their pathway.

The health and safety of residents, visitors and staff was promoted but some improvements were required. For example, while the premises were generally well maintained there was significant evidence of deterioration in the floor covering in hallways and equipment such as wheelchairs and mobility equipment stored off some hallways presented a trip hazard as it was not stored tidily and intruded into the hallway. There was an emergency call-bell system in bedrooms and toilets and handrails were provided in circulating areas. There was a designated smoking room and while this had an extractor fan the area smelled strongly of smoke and the door did not have a self closure fitted. Contracts were in place for the disposal of waste, as well as measures to control and prevent infection. There are arrangements in place for the segregation and disposal of waste, including clinical waste. Hand washing/ sanitising facilities are readily accessible to staff and were noted to be used regularly when staff moved around the building.

All staff had up-to-date training in moving and handling. A moving and handling assessment was available for each resident in the care records reviewed. The inspector observed safe moving and handling practices during the course of the inspection. There were hoists and mobility equipment available to assist staff when helping residents mobilise. An action plan in the last report required that the procedures for moving and handling were revised to include the timeframe that training is valid for before refresher training has to be completed. This had been addressed in the procedure.

There are precautions against the risk of fire in place and the inspector was told that a major upgrade of the fire safety arrangements was planned following an assessment by the fire authority. This work will include the creation of new fire compartments, the installation of new fire doors and a new key code system at exits. There are also two rooms that are regarded as unsuitable due to their location. As this work is extensive, an action plan in this report requires the provider to advise the Authority of when this work is scheduled and the safety measures that will be put in place to protect residents from noise and other associated hazards while this work is under way.

Staff demonstrated an appropriate knowledge and understanding of what to do in the event of a fire. Fire training was attended by all staff during the past year in March, October, November and December. Fire drills were also completed in that time. Emergency equipment such as fire extinguishers and lighting was provided and was serviced regularly on a contract basis. The fire alarm was serviced quarterly as required and the last service date was 10 December 2015. A record of all fire alarm tests carried out at the designated centre was available in a fire safety folder. Fire exits were checked daily by night staff to ensure exits were unobstructed and a record was kept of this.

An emergency plan had been developed which contained procedures to take in the event of loss of heat, water or light, fire or flood. Contingency arrangements were in place should the need for evacuation of residents arise. A missing person policy was in place to guide and inform staff should a resident be reported as missing. Recent photographic identification was available for each resident. Staff informed the inspector that some residents were using bed rails as enablers in most cases and on occasions as a safety measure. There was regular monitoring of the use of these measures. Care plans and risk assessments had been completed prior to the use of all restraint and enabling measures to ensure the safety of the residents.

**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):**

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

**Findings:**

The inspector reviewed the medication management arrangements and the policy and procedure in place to guide nurses' practice in the ordering, prescribing, storing and administration of medicines. The inspector observed part of a medication round. An action plan in the last report required that information on why medication is not

administered is recorded. This had been remedied by the introduction of a comment record to convey this information.

The inspector found that nurses were knowledgeable about medication in use. Medication was reviewed regularly, discontinued medicines were signed with the date the medication ceased and in the majority of the medication charts reviewed the maximum dose of medication to be given on an "as required" basis was indicated. Photographic identification was available for each resident to ensure the correct identity of the resident receiving the medication, and to reduce the risk of medication error.

There were procedures for the handling and disposal of unused and out-of-date medicines. The procedures were noted to be in accordance with good practice and drugs were recorded and returned to the pharmacist. Nurses said that they had good support from the supplying pharmacist and said that advice and guidance was provided when needed. Training sessions on the identification and management of medication errors had been provided by the pharmacist.

Medications that require strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody Regulations) 1984. Nurses kept a record of all controlled drugs, and the inspector checked a selection and found the stock balances matched the record.

Details such as the residents' weight was not recorded on some medication administration charts reviewed.

**Judgment:**

Substantially 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 found that a good standard of nursing, personal and social care was provided to residents. Residents said that they were very well cared for and described staff being vigilant, noticing changes promptly and addressing their needs as some of the reasons they felt this way. The inspector observed the delivery of appropriate care

to residents in a number of situations and found that nurses written records described care and treatment in a manner that reflected best practice standards. Care and nursing staff were observed to be respectful, caring and kind in their approach to residents and were observed to acknowledge residents and ask about their wellbeing during the course of the day.

There were thirty nine residents in the centre and one resident was in hospital on the day of inspection. From an examination of a sample of residents' care plans, discussions with residents, relatives and staff the inspector found that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. Care records were maintained on a computer programme. There was information which detailed residents' choices regarding their preferred daily routines, risk assessments that identified dependency, moving and handling needs, falls risks, use of bed rails, nutrition needs and continence management and vulnerability to pressure area problems were also described. Care plans were linked to assessments which informed care practice and nursing interventions. There was a review process and care plans were updated at the required intervals or in response to a change in a resident's health condition.

Residents had access to primary care services and local doctors visited the centre weekly to review residents' care and medication. There was prompt access to allied health professionals such as speech and language therapists, dieticians, occupational therapists and community mental health nurses. The contributions of other professionals were recorded and recommendations adopted into care practice. The inspector saw that wound care, weight management problems and depression were assessed and addressed in a manner that reflected good practice standards. For example, nursing staff were monitoring seven residents where weight loss had been evident. There were nutrition plans in place for these residents. Supplements, fortified diets, weekly weight monitoring and recommendations from dieticians and speech and language therapists had resulted in stability and improvement for all residents. There were four wound care problems in receipt of attention. None were related to pressure area problems. The inspector found that wound measurements, dressings and progress were recorded and that all situations were being resolved. Advice from tissue viability specialists was being followed as recommended.

Care plans for residents with dementia required more development to ensure they are person-centred and reflect individual needs and how these should be addressed to ensure good outcomes for residents. Over 50% of residents had been assessed as having dementia or problems associated with confusion. There were some care records that reflected good standards for assessment and care for people with dementia however the majority did not describe essential information such as residents' current abilities, capacity to communicate, orientation to surroundings, people they still recognised or fluctuating behaviour patterns. Care plans that reflected good practice described residents' past life styles, aspects of life they valued and if they could recognise family members. Behaviour patterns and distress that was evident at times were also described.

An action plan in the last report identified that care plans for end of life did not outline personal wishes and the inspector found that this action had been addressed. In the

sample reviewed there were accounts of residents' specific wishes, where they would like the last services to take place and the care they would wish to have in place before death. There was a record of residents' health condition and treatment given completed each day and night. However, some records were generic and did not reflect progress or the impact of the social and psychological support provided each day to ensure residents well-being. For example, staff were noted to provide extensive support in several areas such as supporting residents to participate in activities, encouraging them eat independently and taking time for people to communicate which enabled residents to enjoy an enhanced quality of life but these interventions were not evident in the information recorded.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and shared between providers and services in accordance with Regulation 25-Temporary absence or discharge of residents. Residents had opportunities to participate in activities that were meaningful, that they said they enjoyed and which suited their needs, interests and capacities. An activity co-ordinator was available daily and she was supported by care and nursing staff. Residents that the inspector talked to said there were opportunities for residents to participate in meaningful activities, appropriate to their interests and preferences. These included, exercises, music, crafts and festive themed events. Religious services and a holistic/pastoral ethos were a significant part of life in the centre and according to residents was one of the reasons they chose to live at Nazareth House.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

The centre is located in part of a large old building that has been adapted and refurbished over the years to improve the environment for residents. It is connected to the nearby church and convent. All areas were noted to be visibly clean and equipment such as commodes and hoists were also clean and in good condition. There had been a replacement programme for some equipment and this was ongoing the inspector were

told. The building was in generally good decorative order throughout. The heating problem in the dining room evident during the last inspection had been addressed and all areas were noted to be comfortably warm.

There was appropriate equipment for use by residents and staff which was maintained and regularly serviced to ensure that it is in good working order. Equipment and appliances such as hoists, wheelchairs and walking aids were in place to support and promote the independence of residents. There were handrails in hallways and ramps were in place in some areas to improve accessibility. Sluice areas were well organised, surfaces were easy to clean and appropriate equipment such as bed pan washers were available and in working order. There was an ongoing programme of refurbishment and residents were being consulted on floor coverings for the sitting room areas which were due to be replaced.

There was a variety of seating available and the inspector noted that the majority of residents used the communal areas during the day. Residents who chose to spend time in their rooms were visited frequently by staff who checked that they were comfortable and provided drinks and snacks. Bedrooms were personalised with items such as photographs, ornaments and books.

The centre has a secure outdoor garden. Planned development of the grounds during 2016 includes the creation of a dementia friendly garden to enhance the outdoor space for residents.

The provision of storage space for equipment, cleaning and linen trolleys needed revision as the space available was congested and easily accessible to residents or others. The inspector was told that additional storage was included in the refurbishment plan due to commence during 2016.

**Judgment:**

Non Compliant - Moderate

***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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences were satisfactory. There was a food and nutrition policy in place that provided detailed guidance to staff

and was supported by a range of procedures that included health promotion, the management of fluids and hydration, medication management and the care of residents with specific conditions such as diabetes.

Residents told the inspector that the food was "lovely and very tasty" and also said "we are offered a choice and can have small or large portions". Residents who required their food to be prepared in modified consistencies were served meals that were attractively presented. Staff could describe to the inspector the varied modifications made to ensure residents had appropriate diets in a consistency that was safe for them to eat. Staff were observed to assist residents in a manner that protected their dignity during meal times. There was an appropriate number of staff available to serve meals and staff sat beside residents who needed prompting or assistance to eat and reminded them what they were being offered if they had problem with memory. Meal times were noted to be relaxed and there was adequate time for all residents to enjoy the occasion.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed staffing levels and discussed the staff allocation with the person in charge and the staff team. They described how they allocated workloads and determined staffing requirements. The inspector found that the day and night staff allocation was appropriate to meet the needs of residents. The inspector interviewed a number of staff and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported, worked together as a team and placed a high priority on ensuring that residents were comfortable and happy in the centre.

As described throughout this report the centre accommodated residents who have dementia care needs. A concern relayed to the Authority during 2015 conveyed that residents with dementia were not adequately supervised and that staff did not have adequate training on this topic. The person in charge provided information to the

Authority that indicated a substantial number of staff had training on varied topics related to dementia and also described the day to day staffing levels. The inspector found that training on managing behaviours associated with dementia, nutrition and dementia and introduction to dementia had been completed by over 40 staff during 2014 and 2015 and was ongoing. Residents were noted to be supervised in all areas during the inspection. However, the building is large and residents who have dementia are subject to change in the levels of support they need due to changes in their condition and the presence of infections requiring the staff allocations to be regularly reviewed to ensure that residents with fluctuating behaviours can be appropriately supported.

The inspector was provided with details of the training that had been provided to staff during 2014/2015. Training had been provided on a range of topics that included: Elder abuse and the protection of vulnerable people, fire safety, moving and handling, hand hygiene and infection control, cardiopulmonary resuscitation, end of life care, nutrition and dementia, dementia assessment tools and dementia and dysphasia.

Residents and staff were observed to have good cordial relationships and residents said that staff were good company and kept them up to date with local news and events. They also said that staff remembered their routines and the ways they liked their personal care to be carried out. The inspector observed that call-bells were answered promptly, staff were available to assist residents and there was appropriate supervision in the dining rooms and sitting rooms throughout the inspection day. The inspector found that staff were well informed and could describe their roles and responsibilities well. Domestic staff were familiar with the cleaning duties they had to undertake each day and could describe the safe use of cleaning products and how they carried out infection control measures.

**Judgment:**  
Substantially Compliant

## 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:***

Geraldine Jolley  
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 report<sup>1</sup>

<b>Centre name:</b>	Nazareth House
<b>Centre ID:</b>	OSV-0000368
<b>Date of inspection:</b>	21/01/2016
<b>Date of response:</b>	07/03/2016

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

Some care records were generic and did not reflect progress or the impact of the social and psychological support provided each day to ensure residents well-being.

#### 1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

Since the inspection, resident's daily care records have been reviewed and developed to be more person centred and include information regarding any interventions and social and psychological support provided to the residents to promote independence and enhance their quality of life.

**Proposed Timescale:** 01/03/2016

**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 significant evidence of deterioration in the floor covering in hallways.

Equipment such as wheelchairs and mobility equipment stored off some hallways presented a trip hazard as it was not stored tidily and intruded into the hallway.

**2. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The floor covering in the hallways will be replaced after the fire upgrading works are completed which includes the replacement of all doors with fire resisting doors within the building.

The construction of a new Equipment Store for wheelchairs and mobility equipment off Corridor C as shown on the drawing will commence as soon as planning permission and the fire safety certificate are granted. The commencement date for this work is envisaged to be three months and completion within two months of commencement.

The project involves fire safety up-grading works, general improvement works and erection of extensions to the nursing home to ensure that the facility complies with the fire safety standards and general requirements in line with best practice design for residential healthcare of a nursing home for the elderly.

A building contractor has been appointed to complete the works and it is envisaged that work will commence within the next three weeks of 7th March 2017.

In relation to the overall works particular attention is drawn to the following:

- Ensure the safety of the public for the duration of the works.
- Provisions for the appropriate disposal of waste will be required.

- Provisions for connection and disconnection of services.
- Site management has to ensure safety of the public in the management of deliveries and their interface with the site entrance.
- Temporary services and utilities connections as the contractor may deem appropriate to deliver the works.
- Procedures to be in place to prevent unauthorised access onto the site.
- Hazardous levels of noise and dust to be controlled, in particular liaison with the nursing home management.
- Construction traffic flow to be agreed with the Local Authority and Employer before commencement.
- Necessary hoarding will be erected on site and will comply with relevant Health & Safety Regulations.
- Roads and footpaths to be kept clear of mud and debris during construction works.
- All incidents and accidents to be reported for the duration of the works.
- All restrictions imposed by the planning conditions as stipulated by Donegal County Council - a copy of these conditions if any will be included in the tender documents.

In addition to the centre's Safety Statement, the registered provider and the person in charge will ensure that risk assessments are carried out for every area of work and associated work activities in conjunction with the architects and building contractor including hazard identification throughout the designated centre. The findings of the risk assessment and the action taken to manage identified risks will be recorded. All staff will be made aware of any hazards identified and the control measures that will be put in place. The risk assessments will be reviewed on a regular basis and updated as required.

Proposed Timescale: Floor coverings in the hallways will be replaced by 10th June 2016  
The Equipment Store, subject to planning permission, should be completed by 5th August 2016

The hazard identification and assessment of risks in relation to the planned upgrading works throughout the designated centre will be completed in advance of commencement of the works by 31st March 2016

**Proposed Timescale: 05/08/2016**

**Theme:**

Safe care and support

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

The provider is required to undertake a risk assessment to determine if noise and associated disruption will impact on residents and to put a plan in place to minimise the impact of the works required to ensure the centre complies with the fire safety standards outlined by the local fire safety officer.

**3. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

See Below

**Proposed Timescale:** 05/08/2016

**Theme:**

Safe care and support

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

The provider is required to inform the Authority of the schedule of work to be undertaken and the time-scales for completion to ensure the centre complies with the fire safety standards outlined by the local fire safety officer.

**4. Action Required:**

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

This Preliminary Safety and Health Plan has been prepared as required under the Safety, Health and Welfare at Work (Construction) Regulations, 2013 (S.I. 291 of 2013) in accordance with the appointment of our architects as Project Supervisors Design Process from information provided by the Designers, the designated centre and by reference to the contract documentation. Risk control measures applied by Designers and by the Project Supervisor (Construction) will take into account the General Principles of Prevention in relation to the project. In descending order of effectiveness, the "hierarchy of risk control" involves:

- Change to eliminate a hazard
  - Substitution of a less hazardous design feature
  - Enclosure - Separation of people from the hazard
  - Reduced Exposure - Changes that reduce the time individuals are exposed to a risk, or the number of people exposed
  - Safe systems of work, together with suitable training and supervision written procedures, and the provision of information, instruction, warnings, signs and/or labels
  - Use of personal protective equipment (PPE).
  - The designer's contribution to risk control lies in the ability to affect the environment within which the contractor must operate.
- 
- Arrangements will be made to ensure that all fire equipment, means of escape, building fabric and building services are maintained and accessible at all times during the works.

The schedule of work to be undertaken and the time-scales for completion to ensure the centre complies with the fire safety standards outlined by the local fire safety officer and the extensions to provide storage and a copy of the architect's floor plans was sent to the Inspector on 7th March 2016.

**Proposed Timescale:** 07/03/2016

### **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:**

Residents' weights were not always recorded on medication record charts.

**5. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

High and medium risk weights are recorded weekly and low risk weights are recorded on a monthly basis on each resident's individual weight charts and also transferred to the electronic system CareSys.

All of the resident's weights for the month are recorded on the medication record chart before 25th of each month.

**Proposed Timescale:** 25/01/2016

### **Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

Some care records did not describe essential information such as residents' current abilities, capacity to communicate, orientation to surroundings, people they still recognised or fluctuating behaviour patterns.

**6. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Issues in relation to care records have now been addressed and updated to be more person centred and will be reviewed formally as required by the residents changing

needs or circumstances to include essential information such as residents' current abilities, capacity to communicate, orientation to surroundings, people they still recognise or fluctuating behaviour patterns.

Each resident will be advised in advance of any review of their care plans. The care plans will be revised after consultation with the resident. Care plans will be discussed with the resident / next of kin for agreement.

As part of ongoing training and development for staff, courses are arranged throughout the year to enhance higher standard of evidence based nursing practice.

**Proposed Timescale:** 31/05/2016

### **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:**

The provision of storage space for equipment, cleaning and linen trolleys needed revision.

**7. 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:**

- The new extensions to provide equipment storage, cleaners store, treatment room and new staff room will commence as soon as planning permission and the fire safety certificate are granted. The commencement date for this work is envisaged to be three months and completion within two months of commencement.

**Proposed Timescale:** 05/08/2016

### **Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Staff allocations should be regularly reviewed and revised to ensure that residents with fluctuating behaviours can be appropriately supported.

**8. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Staff allocations are now reviewed on a daily basis to ensure that the residents with fluctuating behaviours are appropriately supported.

There is a recruitment drive in place at present to ensure appropriate skill mix of staff available to the assessed needs of residents, and the size and layout of the designated centre.

All staff members will have knowledge updates, pertinent to their role, and any policies and procedures dealing with the general welfare and protection of the residents.

**Proposed Timescale:** 31/03/2016