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<th>Nazareth House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000257</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Dromahane, Mallow, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>022 215 61</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:don.mallow@nazarethcare.com">don.mallow@nazarethcare.com</a></td>
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<td>Health Act 2004 Section 39 Assistance</td>
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<td>Provider Nominee:</td>
<td>John O'Mahoney</td>
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<td>Lead inspector:</td>
<td>John Greaney</td>
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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 2 day(s).

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

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

<table>
<thead>
<tr>
<th>Outcome</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
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</tr>
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<td>Outcome 09: Medication Management</td>
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</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
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</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

Nazareth House is located in a rural area approximately three kilometres from Mallow town. It is a two-storey building with accommodation for residents on both floors. There is access to the first floor by both stairs and lift. It was established in 1930 as a residential care setting and currently provides residential, respite and palliative care. The buildings were institutional in appearance, consistent with the style of that era.

During this inspection, which was an unannounced monitoring 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.

Similar to the last inspection, the findings of this inspection indicate that residents received care to a good standard. There was a new person in charge who was suitably qualified and experienced and knowledgeable of her obligations under the Health Act 2007. Nursing and care staff were knowledgeable of residents' needs and were seen to respond to residents in a dignified and respectful manner. There was good access to GP services, including out-of-hours, and to allied health/specialist services such as palliative care, occupational therapy, speech and language therapy and dietetics.

Significant deficits were identified 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, inadequate storage facilities, including storage for residents personal property and a lack of general storage for equipment. Following the last inspection the provider submitted a plan for the construction of a new premises to be completed by April 2016, however, due to delays in obtaining planning permission, this date was now extended to June 2018.

On this inspection there were a small number of improvements in relation to the premises. For example, there was now a small internal garden for use by residents. One of the larger rooms had been partitioned to provide a visitors room, which was furnished with comfortable seating and a television. There was also a coffee dock, which could be used by residents and visitors.

Additional required improvements included:
• the policies on safeguarding and the management of complaints required review
• some creams were not labeled for individual use and containers such as soiled kidney dishes were found in a bathroom
• not all staff had up to date fire safety training
• there was no smoking blanket proximal to the smoking room and the policy on the management of smoking required review

The action plan at the end of this report identifies where 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 Standards for Residential Care Settings for Older People in Ireland.
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 was a clearly defined management structure with clear lines of authority and accountability for the delivery of the service. The person in charge was supported by two clinical nurse managers. The person in charge reported to a regional chief executive officer (CEO), who visited the centre on a regular basis, usually weekly. The person in charge was also in contact with the CEO by telephone on an almost daily basis.

There was a comprehensive programme of audits on issues such as falls, infection rates, medication management and weights. An observational audit was carried out by an independent observer of the quality of life in Nazareth House. Where issues were identified there was action taken to implement improvements. There was an annual review of the quality and safety of care provided in the centre that included consultation with residents.

**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:**
There was a person in charge of the centre that had been appointed since the last inspection. The person in charge was a 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

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**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 records listed in Schedules 2, 3, and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were kept secure, readily available and easily retrievable. Some improvements, however, were required. For example:
- there was an up-to-date policy on the prevention, detection and response to abuse. The policy, however, required review, as it did not make reference to the 2014 HSE Safeguarding Vulnerable Persons at Risk of Abuse policy and procedure, as required
- the policy on the management of smoking required review as it did not adequately address the assessment of the physical and cognitive ability of residents to smoke, it did not adequately address the level of access to cigarettes and lighter/matches and did not provide adequate guidance on the supervision of residents
• from a sample of personnel files reviewed, one did not contain a reference from their most recent employer and one had Garda vetting from an external agency and not from the current employer.

Judgment:
Non Compliant - Moderate

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

Findings:
Training records indicated that 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.

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

There was an up-to-date policy on responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia). Based on discussions with staff and a review of residents' records, staff had the knowledge and skills to appropriately respond to responsive behaviour.

There was a policy on the management of restraint. The only form of restraint in use were bedrails. Based on a sample of records reviewed, there were risk assessments completed prior to the use of bedrails and safety checks were completed while bedrails were in place. There was evidence of the exploration of alternatives, such as low low beds.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and
Theme:
Safe care and support

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

Findings:
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 risks specified in the regulations. There was an emergency plan that addressed emergencies such as loss of power, absconding, fire, and the safe placement of residents in the event of a prolonged evacuation. Training records indicated that all staff had received up-to-date training on manual handling.

The inspector reviewed the accident and incident log. In addition to the incident form a second form was completed by staff to record learning from individual accidents and incidents.

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. However, as found at the last inspection in June 2014, the design and layout of the premises did not support good infection prevention control practice, particularly in relation to limiting cross contamination in the event of an outbreak of infectious disease. For example, some of the multi-occupancy bedrooms did not have a separate entrance and could only be accessed by going through other bedrooms. Toilets and bathrooms were not readily accessible to all bedrooms and commodes were located beside a significant number of beds. Other issues identified for improvement in relation to infection prevention and control included the storage of creams that were not labelled for individual use and soiled kidney dishes stored in a bathroom. These issues were immediately addressed when pointed out to the person in charge by the inspector.

Suitable fire equipment was provided throughout the centre. There were records available demonstrating the regular maintenance of fire safety equipment and the fire alarm system. However, records indicated that emergency lighting was serviced annually and not quarterly, as required. There were records of the 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. However, a number of doors were held open with door wedges, which is not good fire safety practice. Records indicated that fire drills were held regularly, however, there were insufficient details recorded of the scenario practiced and what, if any, improvements were required. Most, but not all, staff had received up-to-date training in fire safety. Staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire.

A small number of residents smoked. There was a smoking room that was ventilated to
the external air by natural and mechanical means. Fire retardant aprons were available for use by residents and a fire extinguisher was located close by. However, there was no fire blanket available in or near the smoking room. There was a smoking policy. The policy required review as it did not adequately address the assessment of the physical and cognitive ability of residents to smoke, it did not adequately address the level of access to cigarettes and lighter/matches and did not provide adequate guidance on the supervision of residents. Each resident that smoked had a care plan in place for smoking. There was evidence of action in response to incidents of non-compliance with the smoking policy.

**Judgment:**
Non Compliant - Moderate

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**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:**
There was a policy for ordering, prescribing, storing and administration of medicines. The inspector viewed a sample of residents’ prescriptions and all contained appropriate information including a recent photograph of the resident; the name, dosage and route of administration for all medicines; and the maximum dosage for prn (as required) medications.

There were adequate procedures in place for the on-going review of medications by each resident's general practitioner (GP). Medication administration practices observed by the inspector were in compliance with relevant professional guidance. A number of medications were decanted by the pharmacist from their original container to a new container, however, expiry dates were not recorded on the container for all of these medicines.

There were regular medication audits carried out by a pharmacist and improvements as a result of issues identified. There was evidence of attendance at medication management training by nursing staff.

Medications requiring special control measures were managed appropriately. Records indicated that these were counted by two nurses at the end of each shift. Medications requiring refrigeration were stored appropriately and the temperature of the fridge was monitored and recorded. There was an adequate system in place for the return of unused and out-of-date medicines to the pharmacy.

**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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that residents' health care needs were met to a good standard through appropriate medical and nursing care.

Most residents were admitted through the HSE public health service. Common Summary Assessment Reports (CSAR) were completed by a public health nurse, which served as the pre-admission assessment.

The inspector reviewed a sample of residents' records, which included comprehensive biographical details, medical history and nursing assessments. There were records of comprehensive assessments on admission and at regular intervals thereafter using recognised assessment tools. Care plans were developed based on the activity of daily living model. The care plans were personalised and provided good guidance on the care to be delivered. This model of care plan was a recent introduction and required additional work to ensure that the information in care plans was readily accessible. For example, it was not clear to all staff under which heading to record information on issues such as wound care. While most care plans were updated to reflect current recommendations, one care plan did not contain detailed guidance on oral care that had been provided by a dentist. There was evidence of good practice in relation to the management of wound care, which included referral for advice to a wound care clinic and the use of photographs to monitor progress or otherwise of wounds.

Residents had access to GPs of their choice, and to allied healthcare services including dietetics, speech and language, physiotherapy, occupational therapy, chiropody and palliative care. GPs visited the centre and there was evidence that residents were reviewed regularly. Out-of-hours GP services were also available. All residents had been assessed by a dentist in February 2016 and an optician had also visited the centre to assess residents.

There were opportunities for residents to participate in activities. There were two activity coordinators employed in the centre. Two of these staff were on duty together for three days each week and there was one activity coordinator on duty for two days. The programme of activities included bingo, arts and crafts, music and ball games. One
to one activities were also facilitated for residents that did not attend group activities. An occupational therapist was employed in the centre for two days each week and had introduced a programme to support residents to mobilise and become less dependant on wheelchairs.

Judgment:
Substantially 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 accommodation for residents on both floors. There is access to the first floor by both stairs and lift. It was established in 1930 as a residential care setting and currently provides residential, respite and palliative care. The buildings were institutional in appearance consistent with the style of that era.

Bedroom accommodation on the ground floor comprised one three-bedded room, two four-bedded rooms, four five-bedded rooms and one six bedded room. There is a private wing, which is also on the ground floor. 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. Six of these bedrooms also have a separate spacious sitting/living room, separate from the bedroom. Bedroom accommodation on the first floor comprised thee single bedrooms, one twin-bedroom, two three-bedded rooms, one four-bedded room, three five-bedded rooms, and one seven-bedded room.

Overall the design and layout of the centre was not suitable for its stated purpose and did not meet residents' individual and collective needs in a comfortable and homely way. The design and layout of the 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. The centre appeared to be clean throughout and was generally well maintained, however, some
improvements were required. For example the floor covering in some of the bedrooms was torn and the paintwork was chipped on the heating pipes behind some of the beds. Due to the age of the premises, fixtures and fittings, the provider and person in charge were advised to conduct periodic environmental audits to ensure the premises were well maintained.

There were some improvements to the premises since the last inspection. For example, there was now a small internal garden for use by residents. One of the larger rooms had been partitioned to provide a visitors room, which was furnished with comfortable seating and a television. There was also a coffee dock, which could be used by residents and visitors.

A number of the multi-occupancy bedrooms did not have separate entrances and could only be accessed by walking through other bedrooms. This has a significant impact on the privacy and dignity of residents and did not support good infection prevention and control practice. Each resident has a bedside locker, however, wardrobes for a number of residents were located in the corner of the rooms and were 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, two toilet cubicles and a cubicle with a sluice sink
- a bathroom containing two toilet cubicles and two wash-hand basins
- there were two toilet cubicles located down a side corridor, however, these were distant from bedroom accommodation and communal rooms and were not convenient for use by residents. One of these toilets did not have a toilet seat, which was also a finding at the last inspection
- 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
- a 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 also a sluice sink in another cubicle
- a bathroom with an assisted bath, an assisted shower and two toilet cubicles
- a bathroom with two toilet cubicles
- one of the single bedrooms was en suite with shower, toilet and wash-hand basin.

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.

**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:**
The centre had an up-to-date policy and procedure on the management of complaints. The policy had recently been reviewed based on guidance issued by the Ombudsman. The policy specified that the person in charge was the nominated person for managing complaints. The policy did not, however, identify an effective independent appeals process or identify the person responsible for ensuring that all complaints are adequately responded to or that appropriate records were maintained. The complaints process was on prominent display in the centre.

The inspector viewed the complaints log containing records of complaints, the results of any investigations, any actions taken and whether or not the complainant was satisfied with the outcome of the complaint.

**Judgment:**
Substantially 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 that were facilitated by an external advocate. The inspector reviewed a sample of the minutes of these meetings and there was evidence of action in response to issues raised. The external advocate also held one to one discussions with residents. The centre had also recently gained access to a
second advocate from an advocate agency. A number of relatives surveys had been completed and the feedback was overwhelmingly positive.

Residents had access to a range of group activities and one to one sessions were also facilitated for residents that were unable or chose not to partake in group activities.

There was adequate communal sitting and dining rooms, however, 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. This was particularly relevant in relation to the use of commodes by residents at their bedside. This resulted in odours lingering in the bedrooms long after the commode had been used.

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. There was a large church in the centre and mass was celebrated daily. The preferences of other religious denominations were respected and facilitated.

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 and were facilitated to vote in local and national elections.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
There was a policy on residents’ personal property and possessions. There were adequate procedures in place for safeguarding residents property and the safe return residents' clothing following laundering. Due to shortcomings in the premises, there was unsuitable arrangements for residents to store and retain control over their clothing. For example, residents clothes were stored in clothes presses that were not conveniently located for residents and storage space was limited.
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:
An actual and planned roster was maintained in the centre with any changes clearly indicated. Residents, relatives and staff spoken with felt there was adequate levels of staff on duty. This was supported by observations of the inspector who was satisfied that there were satisfactory numbers of staff and skill mix to meet the needs of residents and to the size and layout of the designated centre. Staff members were seen to interact with residents in a caring and respectful manner. Where support to eat and drink was being provided, it was done in a discreet way.

Records viewed by the inspector confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse and manual handling. Staff also had access to a range of education on areas such as medication management, dementia, privacy and dignity and hand hygiene.

Judgment:
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:**

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 report

<table>
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<td>06/09/2016</td>
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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:
The policy on safeguarding required review, as it did not make reference to the 2014 HSE Safeguarding Vulnerable Persons at Risk of Abuse policy and procedure, as required.

1. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The Nazareth House policy on safeguarding has been reviewed and updated to include, reference to the 2014 HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures.

Proposed Timescale: 16/09/2016

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required in relation to Schedule 2 and Schedule 5 documents, including:
• there was an up-to-date policy on the prevention, detection and response to abuse. The policy, however, required review, as it did not make reference to the 2014 HSE Safeguarding Vulnerable Persons at Risk of Abuse policy and procedure, as required
• the policy on the management of smoking required review, as it did not adequately address the assessment of the physical and cognitive ability of residents to smoke, it did not adequately address the level of access to cigarettes and lighter/matches and did not provide adequate guidance on the supervision of residents
• from a sample of personnel files reviewed, one did not contain a reference from their most recent employer and one had Garda vetting from an external agency and not from the current employer.

2. 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 the Chief Inspector.

Please state the actions you have taken or are planning to take:
• The policy on safeguarding has been reviewed and updated to include, reference to the 2014 HSE Safeguarding Vulnerable Persons at Risk of Abuse policy and procedures.
• A new smoking assessment tool is being developed which will assess the physical and cognitive ability of each resident who smokes, which will give clear direction on the level of access to cigarettes and lighter/matches and supervision required for each individual smoker. The centre’s policy will then be updated to reflect current practice.
• A review of all personnel files will be undertaken to ensure compliance with requirements of schedule 2 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2007.
• Employee 1 has completed a new Garda Vetting Form and employee 2 has requested a reference from their last employer to complete records.

Proposed Timescale: 30/09/2016
<table>
<thead>
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<th>Theme: Safe care and support</th>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Improvements were required in relation to infection prevention and control. For example:

- as found at the last inspection in June 2014, the design and layout of the premises did not support good infection prevention control practice particularly in relation to limiting cross contamination in the event of an outbreak of infectious disease. For example, some of the multi-occupancy bedrooms did not have a separate entrance and could only be accessed by going through other bedrooms.
- creams that were not labelled for individual use were found in one bathroom.
- soiled kidney dishes were stored in a bathroom.

3. **Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

The design and layout of the premises will now be addressed as planning permission was received on 5th September 2016 which allows for construction of the new nursing home to commence in late October. The reconfigured centre will include all single bedrooms with ensuite facilities. The completion date is scheduled for 30th June 2018.

In the meantime, an environmental audit template has been designed and this will be completed on a monthly basis to ensure awareness and compliance with best infection control practice.

The environmental audit will highlight such issues as unlabelled creams and soiled containers in communal bathrooms.

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<th>Proposed Timescale: 30/09/2016</th>
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**Theme:** Safe care and support

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

Records indicated that fire drills were held regularly, however, there were insufficient details recorded of the scenario practiced and what, if any, improvements were required.

4. **Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety
management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
An audit tool, based on the centre’s fire evacuation procedure, has been developed which will outline the scenario practiced and identify areas of good practice and improvements needed. All persons working at the designated centre and residents were made aware of the procedure to be followed in the case of fire since date of inspection.

**Proposed Timescale:** 16/09/2016

**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 in fire safety.

**5. 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:**
All staff have attended regular fire drills which included:
- The importance of the first 5 minutes
- How to interpret the fire panel
- What to do if you come across a fire
- How to call fire brigade
- Accounting for people
- Evacuation principles
- Use of fire fighting equipment
- Instruction re shutting off gas, not use lifts and not returning to building once evacuated.
- The above is followed by a practical evacuation exercise using different scenarios

A schedule of training days has been agreed with a specialist fire training company and all staff will have completed this training by 18th November 2016. This training will include 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: 18/11/2016

Theme: Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no fire blanket available in or near the smoking room.

6. Action Required:
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

Please state the actions you have taken or are planning to take:
A fire blanket, including instructions on use, has been put in place at the entrance of the smoking room.

Proposed Timescale: 09/09/2016

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:
A number of medications were decanted by the pharmacist from their original container to a new container, however, expiry dates were not recorded on the container for all of these medicines.

7. Action Required:
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

Please state the actions you have taken or are planning to take:
The PIC formally informed the pharmacist in writing of non compliance regarding the non recording of expiry dates. The pharmacist responded immediately by reviewing practice, implementing change and has given assurance that all medicines will now have expiry date clearly printed on the container.

Proposed Timescale: 16/09/2016

Outcome 11: Health and Social Care Needs

Theme: Effective care and support
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The model of care plan in use was a recent introduction and required additional work to ensure that the information in care plans was readily accessible. For example, it was not clear to all staff under which heading to record information on issues such as wound care. While most care plans were updated to reflect current recommendations, one care plan did not contain detailed guidance on oral care that had been provided by a dentist.

8. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
As part of the ongoing practice development programme “Life is for Living” Care Plans are part of all projects for the year going forward. A guide will be developed to clearly identify the specific area within the care plan where certain conditions / issues such as wounds are to be documented to ensure consistency and easy retrieval of information. All care plans will be reviewed to ensure that they contain relevant dental information.

Proposed Timescale: 31/10/2016

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 design and layout of the centre was not 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

9. 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 design and layout of the premises will now be addressed as planning permission was received on 5th September 2016 which allows for construction of the new nursing home to commence in late October.
The centre experienced prolonged delays in getting planning permission largely due to the submission of a Planning Observation (Objection) by a third party to the Local Planning Authority in April 2015. This resulted in the project consultants having to deal with 3 Requests for Further Information (RFI) from the Local Planning Authority.

When the Local Authority finally granted planning permission in March 2016, the third party who had already made the Observation appealed the Local Authority’s Decision to An Bord Pleanala.

The appeal was withdrawn on 29th August 2016 and planning permission was granted on 30th August.

The physical environment in the designated Centre will be reconfigured as outlined in the plans submitted to the Chief Inspector on 27th June 2016. The reconfiguration will be completed by 30th June 2018.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/06/2018</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The floor covering in some of the bedrooms was torn and the paintwork was chipped on the heating pipes behind some of the beds.</td>
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<thead>
<tr>
<th>10. <strong>Action Required:</strong></th>
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<tbody>
<tr>
<td>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.</td>
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<table>
<thead>
<tr>
<th><strong>Please state the actions you have taken or are planning to take:</strong></th>
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<tbody>
<tr>
<td>Environmental audit templates have been developed and monthly audits have been implemented.</td>
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The torn floor covering has been replaced and the chipped pipes have been repainted.

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<tr>
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<tbody>
<tr>
<td><strong>Outcome 13: Complaints procedures</strong></td>
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<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The complaints policy did not identify an effective independent appeals process.</td>
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</table>
11. **Action Required:**
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**
The complaints policy has been updated and now contains an independent appeals process. The Complaints Procedure notice on display in the centre has been updated accordingly.

**Proposed Timescale:** 20/09/2016

**Theme:**
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy did not identify the person responsible for ensuring that all complaints are adequately responded to.

12. **Action Required:**
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

**Please state the actions you have taken or are planning to take:**
The complaints policy has been updated and now includes an independent person responsible for ensuring that all complaints are adequately responded to. The Complaints Procedure notice on display in the centre has been updated accordingly.

**Proposed Timescale:** 20/09/2016

**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. This was particularly relevant in relation to the use of commodes by residents at their bedside. This resulted in odours lingering in the bedrooms long after the commode had been used.
13. **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 physical environment in the designated Centre will be reconfigured as outlined in the plans submitted to the Chief Inspector on 27th June 2016. Planning permission was received on 5th September 2016 which allows for construction of the new nursing home to commence in late October 2016.
The reconfiguration will be completed by 30th June 2018.
In the meantime, the centre will endeavour to mitigate in as far as possible, the significant challenges for staff to provide care, while respecting the privacy and dignity of residents, particularly due to the open nature of the multi-occupancy bedrooms.

**Proposed Timescale:** 30/06/2018

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**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. For example, residents' clothes were stored in clothes presses that were not conveniently located for residents and storage space was limited.

14. **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:**
The physical environment in the designated Centre will be reconfigured as outlined in the plans submitted to the Chief Inspector on 27th June 2016. Planning permission was received on 5th September 2016 which allows for construction of the new nursing home to commence in late October 2016.
The reconfiguration will be completed by 30th June 2018.

**Proposed Timescale:** 30/06/2018