

**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-0000149                                              |
| <b>Centre address:</b>                                | Malahide Road,<br>Clontarf,<br>Dublin 3.                 |
| <b>Telephone number:</b>                              | 01 833 8205                                              |
| <b>Email address:</b>                                 | regionalceo.ie@nazarethcare.com                          |
| <b>Type of centre:</b>                                | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                           | Sisters of Nazareth                                      |
| <b>Lead inspector:</b>                                | Sonia McCague                                            |
| <b>Support inspector(s):</b>                          | None                                                     |
| <b>Type of inspection</b>                             | Announced Dementia Care Thematic Inspections             |
| <b>Number of residents on the date of inspection:</b> | 103                                                      |
| <b>Number of vacancies on the date of inspection:</b> | 1                                                        |

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was announced and took place over 2 day(s).

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

|                       |                       |
|-----------------------|-----------------------|
| From:                 | To:                   |
| 09 October 2019 10:30 | 09 October 2019 19:00 |
| 10 October 2019 09:30 | 10 October 2019 17:00 |

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

| Outcome                                                 | Provider's self-assessment | Our Judgment             |
|---------------------------------------------------------|----------------------------|--------------------------|
| Outcome 01: Health and Social Care Needs                |                            | Substantially Compliant  |
| Outcome 02: Safeguarding and Safety                     |                            | Substantially Compliant  |
| Outcome 03: Residents' Rights, Dignity and Consultation |                            | Compliant                |
| Outcome 04: Complaints procedures                       |                            | Substantially Compliant  |
| Outcome 05: Suitable Staffing                           |                            | Substantially Compliant  |
| Outcome 06: Safe and Suitable Premises                  |                            | Non-Compliant - Moderate |

**Summary of findings from this inspection**

The purpose of this inspection was to consider an application to vary and remove conditions of the designated centre's registration and carry out a dementia thematic inspection. This centre previously had a dementia thematic inspection in 2015 that resulted in a significant number of actions required. The centre has had subsequent inspections and variations made to its registration status. These matters along with solicited and unsolicited information that was received by the Chief Inspector since the previous onsite inspection were followed up.

As part of the thematic inspection process, providers had access to information seminars given by The Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Generally prior to the inspection, the provider and person in charge complete a self-

assessment and score the service against 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, however, as this was the previously completed it was not requested. Consequently, the previous table does not outline the self-assessment but outlines the inspector's rating for each outcome and relevant findings.

The inspector announced the inspection at short notice to ensure the management were available to discuss the variation and removal of registration conditions and to alert residents, visitors, volunteers and staff members of the planned inspection. During the inspection the inspectors met or spoke with the above people to inform the overall findings.

The journey of a number of residents with dementia and cognitive impairment was explored. Care practices and interactions between staff, volunteers and residents, including those living with dementia were observed. Documentation related to the operation and maintenance of the centre, residents, staff and guidance policies were also reviewed.

The centre currently provides a service for up to 104 residents with 103 residents in occupancy on the first day of the inspection and a planned admission to complete occupancy due on day two. The centre provided long and short stay care. On the days of the inspection there were 58 (56%) residents with a diagnosis of dementia and varying degrees of cognitive impairment and functioning.

Residents who spoke with the inspector were very positive about the centre, its facilities, activity provision and the staff team. Residents had opportunities to participate in activities that were meaningful and purposeful to them and which suited their needs, interests and capacities.

From feedback received and a review of care records, the inspector found that residents' health and social care needs were being assessed and reviewed on a regular basis, and changes were made to how care was delivered if residents' needs had changed. However, the recording of each review and updating of some care plans required some improvement.

Residents were extremely positive about the support provided by management and staff, and the inspector observed good communication approaches to residents accommodated throughout the centre. Residents confirmed to the inspector they felt safe, and staff confirmed they knew the policy and procedure to ensure residents were protected and safeguarded in the centre. However, the implementation and details included within the safeguarding policy and procedure required improvement so that it clearly outlined all steps to take that would consistently guide staff accordingly.

Freedom of movement throughout the centre was promoted and observed. Residents are accommodated over three floors with little restrictive practices in place or observed. The use of a restraint or restrictive device was assessed and subject to regular review for those in use.

There were systems in place to support residents making choices about their daily lives, and the general manager and person in charge promoted the values of dignity and respect through the staff team. Residents' were able to provide feedback on the service they received either directly to staff or during residents meetings held on their unit. Opportunities to discuss activities, menu and operational matters were facilitated, acknowledged and then communicated to the responsible persons when required.

A complaints policy was in place and displayed, and a suggestion and comment box was located near the front entrance and information about the process and independent advocacy services were available on the noticeboards throughout the centre. While the complaints policy was clear, it was not fully implemented as outlined and the variation of records completed and templates used did not ensure each step was followed as set out.

Staffing levels and the staff skill mix on the days of the inspection were sufficient to meet the health and social care needs of residents. However, action was required in relation to the staff skill mix rostered as the inspector was not assured that all staff were sufficiently trained and competent to perform their role and responsibilities. While most staff had completed mandatory training or were scheduled to attend in the coming weeks, gaps in relevant training and supervision was found. Recruitment procedures were in place and samples of staff files were reviewed against the requirements of Schedule 2 records and found to be compliant. The inspector confirmed that all staff had completed vetting by An Garda Síochána prior to their commencement.

The designated centre adjoins the provider's regional offices and the Sisters of Nazareth convent. The premises are modern, spacious, purpose built, furnished and equipped to a high standard. It spans over three floors serviced by passenger lifts and internal stairwells.

**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 Standards for Residential Care Settings for Older People in Ireland.**

*Outcome 01: Health and Social Care Needs*

**Theme:**

Safe care and support

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

**Findings:**

Residents' health and social care needs were being well met, and care being provided followed evidence based practice. There was a clear process in place for assessing residents' needs prior to admission to ensure they could be met in the centre. An admissions policy was available for staff and the procedure was summarised within the Statement of Purpose for all other parties.

There were systems in place for communications between the resident, and their families, the acute hospital or public health providers and the centre. The general manager or the person in charge visited prospective residents in hospital or at home prior to admission. Residents' files held relevant information such as transfer and discharge letters from hospital or common summary assessment reports completed by a multi-disciplinary team of health professionals. Residents who were transferred to hospital from the centre had appropriate information about their condition, health, medicines, skin, mobility and their specific communication needs included within a transfer letter.

On admission, and during reviews, a range of validated assessment tools were used to assess each resident's abilities and needs. Care plans were subsequently developed to identify how the resident's care needs were to be met with interventions outlined. Assessments in relation to activities of living, personal and social care, preferences and previous routines were determined to inform interventions and care planning. The involvement of family and previous care providers were central to the assessment and care planning process delivered. Care plans were reviewed at least every four months, and a range of clinical assessment tools were used to assess if changes in abilities or needs occurred. Areas assessed included the risk of pressure areas, risk of falls, risk of malnutrition, mood and cognitive ability. Medical reviews undertaken by residents' General Practitioners (GPs) were also completed on a quarterly basis.

Care plans were personalised and seen to reflect residents' individual preferences and provided information on their social and health history. Families were asked to provide information if residents were not able to provide it. The personal and social information gathered was also used to plan the social activities and engagement in the centre. While

most of the care plans examined had been updated as changes occurred, care plans relating to end of life treatment decisions had not formed part of all medical reviews and the updating of care plans following changes that had occurred had not been consistently made to ensure recommended, agreed and appropriate interventions were recorded to guide and direct staff.

There was good access to general practitioners (GP) and out of hours or acute services were used if required. Each new resident was seen by the GP following their admission and thereafter as needed and reviewed three-monthly.

Staff confirmed and records showed there was access to a range of allied health professionals. Residents had been seen by a dietician or speech and language therapist if they had needs relating to weight loss, nutrition, eating and drinking and communication. A plan of dietary requirements and assessed needs was communicated and agreed between care and catering staff. Access to key information was available in dining rooms. However, the accessibility of some of the dining room records seen available should not be available in an unsecure environment and the storage of all residents records in unlocked presses at nurses stations also required improvement.

Menus were varied, wholesome and nutritious and monitoring of weights, food and drink intake and elimination output was recorded as necessary to inform assessments and treatment plan reviews.

A physiotherapist was regularly onsite and carried out assessments for residents following admission and thereafter if they required support with mobility, exercises, falls management and aids. Weekly exercise classes co-ordinated by physiotherapists were also available to groups to promote muscle strengthening and range of movement, which formed part of an effective falls management strategy evident in each unit.

There was access to psychiatry, chiropody, dental, and optician services as required and upon referral. Staff, residents and records examined confirmed that these services had been provided to residents in the centre. Access to occupational therapy was available and generally sourced privately. The person in charge was to ensure a referral was made for all those entitled to access public services in advance or addition to availing of the private option. Palliative care support was provided by the local hospice.

GP, pharmacy and allied health care professionals were seen onsite visiting residents and training or liaising with staff of the centre during the inspection. There were written operational policies and agreed procedures relating to the ordering, prescribing, storing and administration of medicines to residents. Processes were also in place for the handling and checks of medicines, including controlled and high risk medicines such as insulin. The centre had a system in place for recording and managing medicine errors but this process needed improvement to ensure appropriate assessment and supervision of those involved in errors and mitigate the risk of reoccurrence. This action is required under Outcome 5 on staffing.

End of life care needs were discussed with residents, and relatives where appropriate, at the time of admission and again when residents felt comfortable to talk about it with staff. Residents were asked about their wishes in relation to the type of care they

wanted to received, and their preferences including where they were to be cared for and who to contact regarding decisions. Where residents had stated preferences these were clearly recorded. Decisions regarding active treatment or transfer to hospital and resuscitation were discussed and agreed with relevant parties including the GP. Outcomes and decisions were recorded in residents' medical notes. A guide to inform staff summarising all residents' resuscitation status was seen in each unit.

**Judgment:**

Substantially Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

**Findings:**

There were measures in place to protect residents from being harmed or suffering abuse, and to promote residents' safety. A policy and procedure to safeguard vulnerable adults at risk of abuse was in place and staff received training on the prevention, detection and response to abuse of residents. However, elements of the procedure had not been fully implemented as required and aspects of the policy required further development and linkage to other relevant human resource policies so that appropriate action was taken and all steps within the process were clear and understood.

Staff spoken with were clear what actions to take if they observed, suspected or had abuse reported to them. Training records confirmed staff had received training in how to safeguard residents and further training was planned in the coming weeks. The person in charge was well known by the residents and relatives, she promoted dignity and respect of residents in the centre and this was seen to be put into practice by other members of the staff team. Reporting systems were in place and lessons learned from incident reviews were highlighted to the inspector and subsequently demonstrated. Measures in place to prevent harm and improve resident safety were continuously under review.

Residents with responsive behaviours were being effectively supported by staff during the inspection. Relevant training to support residents with dementia and behavioural and psychological signs and symptoms of dementia (BPSD) had been provided and completed by some staff. The inspector observed good communication and interaction with residents who had dementia with emphasis focused on reminiscence and speaking about subjects that were meaningful to individuals, for example their previous life and occupation, outings planned, meals and activities available. This resulted in positive outcomes for the residents and they were supported to remain engaged in their surroundings. There was a policy in place covering the management of responsive



behaviour and where necessary there were links with local hospital s and psychiatric services.

The provider was committed to implementing the national policy 'towards a restraint free environment', and overall the use of restrictive practice in the centre was low. There was a policy that set out the procedure to use when considering if a restriction would result in a positive outcome for residents. Alternative aids and equipment were available that included low low beds, sensor devices, bed levers, mats and wider four foot beds.

Where restrictions were in place there was a clear record of the assessment and decision making process including the resident's input and other less restrictive measures offered or trialled. Decisions were also reviewed regularly to ensure they remained the least restrictive option available.

The provider was not a pension agent for any of the current residents. Each resident had a lockable storage in their bedroom for safekeeping valuable items, small amounts of money or property.

**Judgment:**  
Substantially Compliant

### *Outcome 03: Residents' Rights, Dignity and Consultation*

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

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

#### **Findings:**

The inspector found that residents were consulted with regarding the planning and organisation of the centre. Residents' privacy, dignity and right to make choices and decisions about how they spent their day was promoted and respected.

The inspector found from speaking with residents and examining the questionnaires completed by over 20% of residents, that residents, including residents with dementia, were empowered and assisted to enjoy a meaningful quality of life in this centre. Residents with dementia integrated well with other residents in the centre and were encouraged to partake in all activities and new experiences.

There was evidence that feedback was sought from residents on an on-going basis. A residents' committee met on a regular basis throughout the year. A separate meeting was held with each unit. Records of these meetings indicated that they were well attended by residents and relatives told the inspector they were kept up to date on all relevant matters. The residents that met discussed items such as menu and food

quality, activities, staffing and the building developments. All residents spoken with by the inspector and those that completed questionnaires expressed great satisfaction with the service they received and with life in the centre.

An independent advocacy service was available and an advocate attended the centre to support residents with personal matters.

A comprehensive activity programme was well established in the centre, which was informed by regularly reviews and assessments of residents, their preferences, interests and capabilities. The activity schedule was displayed at the reception and in other prominent places and it included activities that were suitable for residents with dementia.

All staff supported the activity staff in facilitating outings, group and one-to-one activities as part of their role. A group of up to 16 residents were going to see a show on in one of the Dublin theatres, an earlier lunch was provided and staff ensured all were comfortably prepared for the outing. There was great excitement with the build-up to the outing. Other residents told the inspector they had chosen the option of the next outing taking place the following day which was to a local hotel for a dining experience. Shopping trips were also planned in the coming weeks.

Activities observed during the inspection included arts and crafts, games, hand massage, singing and music. Mass was also celebrated daily which residents with dementia attended and participated in. A choir had formed in the centre which was co-ordinated by an external music instructor who attended weekly. Residents were excited and eager to tell the inspector of the songs they were practicing and preparations for Christmas. They were also excited by the development of a new assemble hall where they intended to perform. A part of the centre 'memory lane' was dedicated to sensory stimulation with access a variety of memorabilia items of interest and use from years ago. Residents, and their relatives, said they had good use of this area and found it and the separate 'snoezelen' room very therapeutic and good for sensory stimulation and improved interaction with family.

A library, variety of relaxation room, tea stations and coffee dock and other areas were also available to residents in order to support engagement in meaningful activities. The purposive designs, colour, tactile items, hand painted humorous messages throughout suited residents, while considering their preferences and capabilities. A spacious new gallery of the first floor that overlooked the new chapel could facilitate residents with particular needs and using modified chairs to attend, view or partake in mass and events.

Some pet dogs visited residents weekly, one of which was visiting during the inspection. Residents said they enjoyed this very much. The inspector observed a number of activities and positive interactions between staff and residents throughout the inspection. Overall, residents were included, encouraged and supported to engage in many meaningful activities that positively enhanced their quality of life.

The inspector observed the quality of interactions between staff and residents in dining, sitting room and multi-purpose or activity rooms. In the main, the quality of interactions

was positive connective care. Staff and residents were familiar with each other which enhanced natural engagement and communications. Throughout the inspection, staff members were courteous and kind when addressing residents and visitors, and sufficiently respectful and discreet when attending to the needs of residents. It was evident that staff were very knowledgeable regarding the residents they cared for. Staff ensured that residents' privacy and dignity were maintained by knocking on bedroom and bathroom doors before entering rooms and by ensuring doors were closed using signs on bedroom doors 'staff present' while delivering personal care. Residents' right to refuse treatment or care interventions were respected, known and recorded.

Residents' communication care needs were assessed and documented in care plans. Staff were aware of each resident's communication needs, particularly the needs of residents with dementia and level of cognitive impairment. Residents had access to internet, computers, tablets, national and local newspapers, radio, televisions, and telephone facilities, and to local newsletters.

Residents were facilitated to vote in or out of the centre. The electoral register was in the process of being updated.

Overall residents had good arrangements that considered their preferences and wishes, and enhanced their well-being, social inclusion and engagement in the community.

**Judgment:**

Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

**Findings:**

While the complaints policy was clear, it was not fully implemented as outlined, and the variation of records completed and templates used did not ensure that each step of the process was followed as set out. Therefore improvement was required in relation to the effectiveness of the arrangements and provisions in place.

The policy and procedure in place for the management of complaints included an appeals process; however, this stage was not offered or executed when one complainant was not satisfied with the outcome of an investigation.

A summary of the complaints process was displayed at the entrance to the centre and a log of all complaints was maintained in the centre. A suggestion and comment box was located near the front entrance and information about independent advocacy services was available on the noticeboards throughout the centre.

Staff who spoke with the inspector could describe how they would advocate or support residents with dementia to make a complaint, should they wish to do so.

**Judgment:**  
Substantially Compliant

### *Outcome 05: Suitable Staffing*

**Theme:**  
Workforce

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

#### **Findings:**

Staff spoken with were familiar with the policies and procedures in their area of work, and also the importance of effective communication with residents living with dementia and their families. During the inspection there were appropriate staff numbers with the relevant skills and training to meet the needs of the residents. Residents confirmed the staff team were kind and responded quickly when they were called on.

There was a full complement of staff on duty on the days of inspection and new staff were to be recruited to facilitate the increase in resident numbers. The staff team included clinical nurse managers, nurses, health care assistants, activity, maintenance, and catering, dining and household staff. The general manager, director of nursing and deputy were supernumerary to support and advise staff as required. The person in charge and the provider representative were present during the two days of inspection. They responded to all queries and issues raised.

While the provider is delivering a person centred service some aspects such as the supervision and training of staff required improvement to ensure residents care was not compromised and the service offered could be safely delivered. There were effective recruitment procedures in place in the centre. A sample of staff files were reviewed and all contained the requirements of Schedule 2 of the regulations. There were supervision arrangements that included a detailed induction process. However, the on-going supervision of practice and appraisal of staff at suitable intervals or following an incident did not assure the inspector that the supervision and development arrangement were robust. Staff were able to provide feedback on what induction and training they had completed in relation to their role and responsibilities. An on-going training plan was in place. While the provision of mandatory and relevant staff training was evident, gaps were found that could compromise residents' safety, care and welfare.

A significant number of volunteers had roles and responsibilities in the centre. A sample of volunteer records was examined confirming all necessary documents including Garda vetting had been completed. The inspector met with volunteers who contributed to the

operation of reception, the shop and coffee dock. The volunteers, Sisters of Nazareth wider congregation and priest located onsite all provided a valuable support service to residents on a daily basis.

**Judgment:**  
Substantially Compliant

### *Outcome 06: Safe and Suitable Premises*

**Theme:**  
Effective care and support

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

**Findings:**

The premises was modern and spacious in its design with a good standard of decor, furniture and use of colour and signage. Residents spoke positively of the centre and were observed navigating the building without unnecessary restriction. Elevators facilitated safe transport of people between floors. Some areas required improvement regarding the provision of handrails along corridors. The centre was well heated and ventilated with pleasant natural light. All private and communal areas were equipped with call bells which were accessible to residents.

The centre included spacious and comfortable communal areas in which residents could relax, socialise and participate in activities. There were also smaller communal spaces in which residents could spend time away from busy areas or receive visitors in privacy. A sensory lounge was available as well as a 'memory lane' corridor featured with reminiscence items such as old-style household items. Residents had unrestricted access to multiple safe and secure garden areas, decorated with interesting features including planting boxes, a bus stop, post-box, phone booth and statues. Residents could also avail of a chapel area which featured an altar and lovely stained glass feature. Mass was also streamed to televisions in the centre for those who could not attend in person.

Bedrooms were accessible, spacious and had full en-suite shower facilities that support residents' privacy and dignity. Bedroom accommodation in each unit was located close to other communal facilities including dining rooms, sitting areas, quiet rooms, multi-purpose or activity rooms and independent toilet and bathroom facilities. Bedrooms were nicely laid out and provided residents good opportunity to personalise and decorate their rooms based on their preferences. Bedrooms had adequate storage space for personal belongings and clothing, including lockable storage if required.

The premises had recently been extended to increase resident occupancy. Some parts of the building were not completed to a satisfactory standard and were not ready on the day of inspection to accommodate residents. Some grab rails were not safely secured to the wall and some fire doors were not equipped to be held open or to close

automatically. The inspector found some taps for baths or wash hand basins which were hot to the touch and had not been adequately regulated. The inspector sought assurances that these matters would be addressed and communicated to the Chief inspector.

**Judgment:**

Non Compliant - Moderate

## 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:*

Sonia McCague  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Action Plan

### Provider's response to inspection report<sup>1</sup>

|                     |                |
|---------------------|----------------|
| Centre name:        | Nazareth House |
| Centre ID:          | OSV-0000149    |
| Date of inspection: | 09/10/2019     |
| Date of response:   | 22/11/2019     |

### 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 01: Health and Social Care Needs

**Theme:**

Safe care and support

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

Examples were seen where care plans were not updated following a change in the residents needs.

**1. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's

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

family.

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

- All care plans will be reviewed and updated when there is a change in the resident's needs.
- The three monthly medical review now has a section to include the end of life treatment decisions to guide and direct staff.
- These will be done in consultation with the resident concerned and where appropriate that resident's family.
- Care plans are updated subsequent to any changes identified post medical review.
- The weekly Clinical Governance meeting will identify any requirements for revised care plans to ensure that best practice is implemented..
- The quarterly care plan audit will also include these care plans.

**Proposed Timescale:** 15/11/2019

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

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

The safeguarding policy was not fully implemented.

**2. Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

- Nazareth House Policies and Procedures as per schedule 5 (1,8,14, 15, 20) will be used to provide linkage to the Safeguarding Policy to ensure the policy is fully implemented.
- A quick reference guide/flow chart will be formulated to guide staff through the Safeguarding policy and procedures.
- This reference guide will be added to the Safeguarding Policy and communicated to all staff who are responsible for managing a Safeguarding allegation and also included in the Safeguarding Training.

**Proposed Timescale:** 29/11/2019

**Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory**



**requirement in the following respect:**

The policy and procedure for making a complaint was not implemented as outlined.

**3. Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

- A new hardcopy of the complaints report is now the only system in operation to avoid any variation of records.
- This new complaint report now includes complainants' responses and the information on the appeals process, to ensure that each step of the process is followed.
- The new hardcopy of the complaints report is included in the complaints policy and procedure as set out in Schedule 5.
- All complainants will be provided with a copy of the complaints policy that will include details on the appeals procedure. In all subsequent correspondence to a complainant, the complaints appeal procedure will be detailed and referred to.
- The complaints policy and application of associated procedures will be kept under review to ensure that best practice is upheld.

**Proposed Timescale:**

**Theme:**

Person-centred care and support

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

The details of the appeals process were not provided to a complainant when unsatisfied with the outcome of their complaint.

**4. Action Required:**

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

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

All responses will now include details of the appeals process as required under Reg 34 (1)(g) when a complainant is unsatisfied with the outcome of their complaint.

**Proposed Timescale:** 18/10/2019

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

The on-going supervision of practice and appraisal of staff at suitable intervals or following an incident did not assure the inspector that the supervision and development arrangement were robust.

**5. Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Any member of staff who has been involved with an incident will now have a defined period under supervision to ensure that all identified development needs are met to include:

- Reflective Practice in relation to the incident.
- Mentoring by the CNM.
- Objective setting with a time frame.
- Weekly review of performance.
- Attendance at training, informal, formal or elearning

**Proposed Timescale:** 20/11/2019

**Theme:**

Workforce

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

There were gaps in the provision of mandatory and relevant staff training.

**6. Action Required:**

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

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

- Staff have attended CPR training on 22/10/20
- This training is ongoing for all Staff Nurses and HCAs
- The training matrix will include CPR to ensure staff attend the required training within the correct timeframes.

**Proposed Timescale:** 22/10/2019

**Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Some areas of the building required improvement to be safe for use by residents,

including areas of the new extension which were not completed to safely accommodate people.

**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 centre has been assessed to ensure compliance with all requested actions.
- Handrails are now in position
- Fire doors are checked and in working order.
- Water in hot taps is now at the recommended temperature.
- Grab rails were replaced as required.

**Proposed Timescale:** 11/11/2019