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## Nazareth House, Dromahane, Mallow, Cork

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**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-0000257
<b>Centre address:</b>	Dromahane, Mallow, Cork.
<b>Telephone number:</b>	022 215 61
<b>Email address:</b>	john.omahoney@nazarethcare.com
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Sisters of Nazareth
<b>Provider Nominee:</b>	John O'Mahoney
<b>Lead inspector:</b>	John Greaney
<b>Support inspector(s):</b>	Michelle O'Connor
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	78
<b>Number of vacancies on the date of inspection:</b>	7

## 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.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
26 July 2017 08:30	26 July 2017 17:30
27 July 2017 08:30	27 July 2017 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

Nazareth House is located in a rural area approximately three kilometres from the town of Mallow. It is a two-storey building with accommodation for 85 residents. 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.

This was an announced inspection and took place over two days. It was carried out in response to an application for renewal of registration.

Residents received care to a good standard and their health needs were met. Residents received a comprehensive assessment on admission and at regular intervals thereafter. Care plans were developed for issues identified on assessment and these were seen to be personalised. There was good access to medical care and to allied health services such as speech and language therapy, dietetics, palliative care, dental, optician and chiropody.

The centre had made considerable efforts to enhance links with the local community. Residents were supported to visit the local town on Thursdays and Fridays by utilising community transport schemes. A street feast was organised that encouraged the local community to visit the centre.

The findings on this inspection in relation to the premises are similar to findings of previous inspections. The buildings are institutional in appearance consistent with the style of that era. Residents are predominantly accommodated in large multi-occupancy bedrooms, some of which do not have separate entrances and can only be accessed by walking through other bedrooms. There are inadequate sanitary facilities to meet the needs of residents living in the centre, with the extensive use of commodes that are stored at residents' bedsides. Privacy and dignity of residents was also compromised by the design and layout of the centre, especially for end of life care. The provider is in the process of addressing the unsuitable premises by the construction of a new 120 bedded centre, adjacent to the current premises. The construction is at an advanced stage and it is anticipated to be completed and ready for occupancy in the summer of 2018.

Other required improvements included:

- there was no overall review of accidents and incidents
- the fire safety management policy required improvement
- the directory of residents did not contain all the required information
- accident and incident records were not sufficiently comprehensive
- prescriptions were not always legible
- care plans were not always updated to include identified risks.

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

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A detailed Statement of Purpose was available to both staff and residents which contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The Statement of Purpose set out the designated centre's aims, objectives and ethos of care and mission statement. It accurately described the facilities and services available to residents, and the size and layout of the premises. The range of care needs provided by Nazareth House are designed to meet the physical, cognitive, social occupational, psychological and spiritual needs of residents over the age of 18. Care is provided on a long term or short-term respite or convalescence basis to low, medium, high or maximum dependency residents.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There were effective governance and management structures. The person in charge was supported by two clinical nurse managers 2 (CNM 2). The person in charge reported to a regional chief executive officer (CEO), who visited the centre on a regular basis, at least monthly. The person in charge was also in contact with the CEO by telephone and email on an almost daily basis.

There were quarterly management meetings attended by representatives from various disciplines such as nursing management, maintenance, occupational therapy, catering and the Mother Superior. Issues discussed included on-going building works, feedback from residents, professional development, infection prevention and control, and finances.

There was a comprehensive programme of audits on issues such as falls, medication management, the environment, infection control, residents' food menu, and weights. Where issues were identified there was action taken to implement improvements. The audit programme could be enhanced by the inclusion of an audit of all accidents and incidents rather than just falls.

There was an annual review of the quality and safety of care provided in the centre that included consultation with residents.

**Judgment:**

Substantially Compliant

***Outcome 03: Information for residents***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A guide in respect of the centre was given to all residents on admission. This included a mission statement, charter of rights, admission criteria, services and facilities available, consultation with residents, visiting arrangements and the complaints procedure.

Each resident was also provided with a written contract on admission, as required under Regulation 24 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. This contract outlined the type of accommodation to be made available to the resident, the duties of the registered provider including medical care, privacy and facilities for occupation, the duration and termination of contracts, and the requirements for residents.

Contracts detailed services covered under the overall fee for the designated centre, which included; bed and board, nursing and personal care, bedding, laundry, and basic aids to assist with activities of daily living. Fees for additional services such as hairdressing, therapies, dental services, transport and personal cosmetics were also listed and pricelists for hairdressing and chiropody were available throughout the centre. Residents signed contracts where possible and these were witnessed by Next of Kin.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge 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

***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):**

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

**Findings:**

Inspectors found that the designated centre had most of the written operational policies required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Policies were stored in each nurses' station and signed off by staff when read. Policies were comprehensive, centre specific and referenced latest national policy and guidance. Staff questioned by inspectors were knowledgeable respecting centre policy and this was reflected in day-to-day practice. However, the fire safety management policy was covered under the centre's Health and Safety Statement. This fire section did not adequately describe precautions taken by the centre to mitigate the risk of fire. A separate dedicated policy was required by inspectors to specifically address the issue of fire safety.

Personnel files had recently been audited by the centre, accounting for all of the requirements of Schedule 2. Where documentation was missing, there was evidence that this had been followed up. The selection of personnel files reviewed by inspectors contained appropriate references and Garda vetting.

Records in respect of Schedules 3 and 4 were maintained in the centre. A current certificate of insurance was displayed near the reception. However, the Directory of Residents established under Regulation 19, omitted the 'Cause of Death' for residents who had passed away.

**Judgment:**

Substantially Compliant

***Outcome 06: Absence of the Person in charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was no period when the person in charge was absent for a period in excess of 28 days and therefore there was no requirement to submit a notification. There were

adequate arrangements for when the person in charge would be absent.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a policy in place on recognising and responding to suspicions or allegations of abuse. All staff had attended up-to-date training on recognising and responding to abuse. Further training on safeguarding practices was underway and all staff were scheduled to attend this training. Staff members spoken with by inspectors were knowledgeable of what constituted abuse and what to do in the event of suspicions, allegations or disclosures of abuse. Where there were suspicions of abuse, adequate measures were taken to ensure that residents were safeguarded. Residents spoken with by inspectors 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 viewed a sample of residents' finances. The centre were pension agents for a number of residents and banking arrangements were in compliance with department of social protection requirements. The centre held small amounts of money for safekeeping for a number of residents. While there were adequate records of transactions, improvements were required in relation to the provision of receipts for hairdressing, chiropody and purchases from the shop. Additionally, it was not evident that signatures were obtained from residents that had the ability to sign for transactions.

There was an up-to-date policy on responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia). The communication needs of residents was clearly outlined in residents' care plans. Based on discussions with staff and a review of residents' records, staff had the knowledge and skills to appropriately respond to responsive behaviour. Training records indicated that all staff had attended training on responsive behaviour as a component of training on dementia care.

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 were two risk assessments completed and the inspectors advised management to review this practice due to the potential for conflicting outcomes. There was evidence of the exploration of alternatives, such as low low beds.

**Judgment:**

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

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

**Findings:**

As found during previous inspections, 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. This was attributed to the design and layout of multi-occupancy rooms. During the current inspection, inspectors noted that many staff had not been trained in hand hygiene or infection control. For other staff, more than three years had elapsed since their last training. This is particularly relevant given the limitations of the premises and that outbreaks of influenza and norovirus that occurred in the last year.

Policies and procedures on infection control reviewed by inspectors were consistent with national guidelines. Signs for hand sanitizing zones and posters promoting alcohol hand rub techniques were present throughout the centre. Separate hand wash sinks were available in areas where infected material or clinical waste was handled. Two environmental audits had taken place this year in addition to the use of a Strategy for the control of Antimicrobial Resistance in Ireland (SARI) infection prevention and control audit tool. This had identified the need to more commonly provide foot operated bins throughout the centre. Staff spoken with were aware of additional precautions and laundry segregation practices in relation to residents colonised with Methicillin-resistant *Staphylococcus aureus* (MRSA).

On the previous inspection, inspectors identified that not all staff had up-to-date training in fire safety, insufficient details were recorded in respect of fire drills, and no fire blanket was available near the smoking room. During this inspection, inspectors viewed evidence of up-to-date fire safety training for all staff in the centre. Drills took place regularly and included simulated evacuations during the day and night. Details recorded on drill evaluation sheets included; the number of participants, time to evacuate, areas of good practice and comments. Inspectors found suitable fire equipment was available

throughout the centre, including placement of a fire blanket near the smoking room. Fire evacuation procedures were prominently displayed and recent escape route changes due to construction works, were highlighted. A fire register was available which included in-house tests carried out. However, the format of this fire register did not cover all in-house tests recommended by HIQA as best practice in, Fire Precautions in Designated Centres, 2016. Management confirmed they had activated a manual call point on a weekly basis in the past, but this had lapsed in recent times. Assistive and lifting equipment were serviced regularly by qualified professionals, but beds were omitted from this servicing list.

Nazareth House had policies and procedures relating to health and safety and an up-to-date health and safety statement. This described safety management controls, responsibilities, resources, training, accidents and dangerous occurrences, fire, evacuation, environmental policy, staff welfare and manual handling. There was a comprehensive risk management policy which included all of the items set out in regulation 26(1). It aimed to reduce and eliminate dangers within the workplace, to protect residents and visitors to the centre. Clinical, environmental and occupational risks were identified in a risk register. These were risk assessed before and after control measures were put in place and this register was regularly reviewed. The risk register assisted in decision making when planning for quality improvement and clinical governance. An emergency response policy contained details of contingency accommodation in the event that a full evacuation of the centre was required.

An accident and incident log was maintained in the centre. The electronic template form required staff to input the nature of the incident, a description of events leading up to the accident or incident, immediate action taken, medical treatment, analysis and management. A 'Falls root cause analysis' template which contained a corrective and preventative action section, was also to be completed and attached to any falls incident. However, inspectors found that the accident and incident template was not designed to record details of certain types of accidents and incidents, and that hand written descriptions of some events were recorded in the log but did not contain any additional detail or follow-up. Some of the incidents and accidents which were recorded using the electronic template were incomplete, lacked detail and were difficult to interpret. There was no overall audit of accidents and incidents taking place but falls were being audited on a monthly basis to look at various contributory factors. A poster was printed every six months to communicate a breakdown of falls, intrinsic risks and preventative measures to staff. However, this internal audit confirmed that 10% of reported falls did not contain a complete falls analysis.

**Judgment:**  
Non Compliant - Moderate

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**  
Safe care and support

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

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

**Findings:**

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. Improvements were required, however, as not all prescriptions were clearly legible and the inspector found it difficult to at all times know what drug was being prescribed or the prescribed dosage. This matter was in the process of being addressed at the time of the inspection and a new system of prescribing was in the process of being implemented.

There were adequate procedures in place for the on-going review of medications by each resident's general practitioner (GP). The visiting pharmacist also reviewed medication management practices, including a review of prescriptions. Medication administration practices observed by the inspector were in compliance with relevant professional guidance.

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 counted by two nurses at the end of each shift and at the time of administration. Staff were advised to review the counting process to ensure that when these medicines were being counted, they were reconciled with the log used to record medicines administered. 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:**

Non Compliant - Moderate

***Outcome 10: Notification of Incidents***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. A quarterly report was also provided to the Authority to notify the Chief Inspector of any incident which did not involve personal injury or harm.

**Judgment:**

Compliant

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

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

**Theme:**

Effective care and support

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

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

**Findings:**

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

The inspectors reviewed a sample of residents' records, of which the nursing element of care was recorded electronically, and medical and allied healthcare were in paper format. There were records of comprehensive assessments on admission and at regular intervals thereafter using recognised assessment tools. Care plans were developed based on the issues identified. The care plans were personalised to individual residents and provided good guidance on the care to be delivered. Of a sample of records reviewed, some improvements were required. For example, the nutritional assessment tool for one resident was not accurately calculated to demonstrate that the resident was at high risk of malnutrition. Additionally, the care plan for this resident did not identify that the resident was at risk of attempting to eat inedible objects.

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. There was good evidence of the prevention and early detection of ill health, such as the regular review of

all residents by an optician and by a dentist.

There were opportunities for residents to participate in activities that were meaningful. There were an activities coordinator that worked in the centre from Monday to Friday. The programme of activities included potting plants, memory games, reminiscence therapy, bingo, arts and crafts, boccia, music and ball games. One to one activities were also facilitated for residents that did not attend group activities. The centre had recently commenced pet therapy and had acquired a pet dog.

An occupational therapist was employed in the centre for two days each week and had introduced a "Life is for Living" programme to support people to live as independently as possible. Staff attended training to support them provide person centred care and to move away from task oriented care. There was also a focus on the dining experience, which resulted in two meal sittings to enhance the quality of dining for all residents. A significant number of residents participated in a choral group that practiced every Tuesday night and performed at an event held in the centre called "Street Feast", that aimed to bring the community together by organising activities locally. Residents were supported to visit the local town on Thursdays and Fridays through various local transport schemes.

**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 on both floors for a total of 85 residents. 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 findings on this inspection in relation to the premises are similar to findings of previous inspections. The buildings are institutional in appearance consistent with the

style of that era. Residents are predominantly accommodated in large multi-occupancy bedrooms, some of which do not have separate entrances and can only be accessed by walking through other bedrooms. There are inadequate sanitary facilities to meet the needs of residents living in the centre, with the extensive use of commodes that are stored at residents' bedsides. The provider is in the process of addressing the unsuitable premises by the construction of a new 120 bedded centre, adjacent to the current premises. The construction is at an advanced stage and it is anticipated to be completed and ready for occupancy in the summer of 2018.

A notice board was located near reception which provided an update on building progress. Newsletters were available which provided information on health and safety, traffic management, the work programme and the construction team. HEPA filters were positioned in rooms near building works, to counteract any dust and bacteria, however, the air was regularly tested and was within recommended ranges.

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 three single bedrooms, one twin-bedroom, two three-bedded rooms, one four-bedded room, three five-bedded rooms, and one seven-bedded room.

The centre appeared to be clean throughout and was generally well maintained. Pictures of resident's outings and examples of resident's art decorated corridor walls. However, 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 resident's personal property and the lack of general storage for equipment. Commodes and sanitary bins were visible in multi occupancy rooms and stored at the end of residents' beds. 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.

A chapel was situated on site and mass was held on a daily basis. Residents and relatives were seen coming and going from the chapel which served as a bright, airy, peaceful retreat. The chapel was also accessible from the first floor which led to a balcony. Access to the balcony was controlled due to its inherent risk and could only be accessed by residents under supervision. The downstairs dining room was divided into two sections for residents who required assistance and those who could dine independently. Round tables set for four were decorated with pink tablecloths, doilies and blue napkins.

There was a smoking area situated on the ground floor next to an enclosed garden. This was minimally furnished and provided with appropriate flame retardant and fire safety equipment. There were no residents that smoked residing in the centre on the days of

the inspection. The enclosed garden was home to a recently acquired dog and residents were complimentary of the pet therapy initiative. A visitor's room was located between a main corridor and the day room. This contained memorabilia and comfortable high backed seats.

There was a large sitting room with a colourful outdoor patio area on the first floor. Access to the patio was controlled and could only be accessed by residents under supervision. There were two bird cages in the first floor sitting room that were enjoyed by residents.

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):**

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

**Findings:**

During the previous inspection, inspectors found that the complaints policy did not identify the person responsible for ensuring that all complaints were adequately responded to or outline an effective independent appeals process. Since then, the complaints policy and procedure had been updated to clearly identify the complaints officer, an independent complaints officer, and an independent resident advocate. The appeals procedure outlined instructions to contact the ombudsman, the Health Service Executive and SAGE support and advocacy service.

Residents and relatives spoken with by inspectors were aware of the complaints procedure. This was displayed in a prominent position in the centre and complaints forms were available at reception. A record of complaints was maintained in the centre and reviewed by inspectors. This included the details of complaints, any investigation into the complaint, the outcome of the complaint and whether the complainant was satisfied.

A review of complaints took place on a six monthly basis and learning from this review was communicated to staff.

**Judgment:**  
Compliant

**Outcome 14: End of Life Care**  
*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

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

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

**Findings:**  
There was a policy on end of life care and on resident resuscitation status and management. There was evidence of discussion with residents and family members in relation to end of life preferences and this was documented in care plans. Records indicated that residents care needs were met at end of life to a good standard with appropriate referral and review by palliative care services, where indicated.

On the day of inspection one resident was at active end of life stage and was being cared for in a multi-occupancy room. While efforts were made to support the privacy and dignity of the resident, this was not possible in a large multi-occupancy room.

Family and friends were facilitated to remain with residents at end of life, if they so wished, and overnight facilities were available. There was a large chapel in the centre and mass was celebrated daily. Religious and cultural practices were facilitated.

**Judgment:**  
Non Compliant - Moderate

**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 meetings with residents and minutes of these meetings were available to inspectors. Feedback had also been obtained from relatives and carers through a relative's survey, completed in May 2017, and from on-going surveys of respite residents and 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 and storage of commodes by residents at their bedside.

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. A post box was located near a shop, which was open for one hour each morning. Residents were supported to participate in courses such as computers and pottery.

**Judgment:**

Non Compliant - Moderate

***Outcome 18: Suitable Staffing***

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

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

Based on inspection findings, inspectors were satisfied that the centre had sufficient staff with appropriate skills, qualifications and experience to meet the assessed needs of residents and the size and layout of the designated centre during the day and at night.

Inspectors viewed a sample of staff files which confirmed staff were recruited, selected and vetted in accordance with best recruitment practice and in line with the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All staff nurses had up-to-date registration with An Bord Altranais agus Cnáimhseachas na hÉireann. Volunteers were supervised appropriate to their level of involvement in the centre. The Person in Charge assured inspectors that all volunteers and staff had been Garda vetted.

Nazareth House provided continuous formal training, mentoring, performance development and appraisals to enable staff to meet their full potential and provide person centred services. A practice development programme had commenced in July 2016 for all staff. Annual appraisals addressed the employee's attitude, reliability, competence, initiative, ability to manage their workload, and discussed the potential for professional development. Staff attended induction training during their first week which provided a general orientation and covered work standards, emergency procedures, report writing, filing, and health and safety. Evidence of disciplinary proceeding were also seen by inspectors. This included investigations, performance improvement plans, formal scheduled reviews, disciplinary meetings and written warnings.

Mandatory training included; elder abuse, moving and handling, manual handling, dementia training (responsive behaviour), safeguarding, fire safety, restraint, core values and practice development training. Other training included medication management, hand hygiene, infection control, food safety, nutrition, seating and positioning, end of life, care planning, venepuncture, wound care and bowel care. Most mandatory training had been completed within the past year. A lot of training was provided by in-house trainers, and Nazareth House was in the process of securing placement for a safeguarding trainer. Food safety training was up-to-date for all kitchen staff, and medication management was up-to-date for all nurses. However, as mentioned under Outcome 8, Health and Safety and Risk Management, hand hygiene and infection control training was out of date or had not been completed by a significant number of staff. This is particularly relevant given the infection control risk associated with the design and layout of the premises and that there has been two outbreaks in the past year.

Inspectors saw that meetings were regularly held between management and staff, presenting an opportunity to communicate issues and learning. Minutes of quarterly management meetings included a Director of Nursing report. Management communicated with staff on different units through monthly team meetings. Topics discussed included, training, communication with residents, elder abuse, poor practice, HIQA Standards and legislation, fire evacuation, new building progress and activities.

**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<sup>1</sup>

<b>Centre name:</b>	Nazareth House
<b>Centre ID:</b>	OSV-0000257
<b>Date of inspection:</b>	26/07/2017
<b>Date of response:</b>	10/08/2017

### 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 02: Governance and Management

#### Theme:

Governance, Leadership and Management

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

The audit programme could be enhanced by the inclusion of an audit of all accidents and incidents rather than just falls.

#### **1. Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

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

The current Falls Audit Programme has been extended to include all accidents and incidents with specific Accident / Incident Analysis Tool.

Completed by 25th August 2017.

**Proposed Timescale:** 25/08/2017

**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 fire safety management policy was covered under the centre's Health and Safety Statement. This fire section did not adequately describe precautions taken by the centre to mitigate the risk of fire. A separate dedicated policy was required by inspectors to specifically address the issue of fire safety.

**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:**

A separate dedicated Fire Safety Management Policy and Procedures will be prepared and adopted in line with S.I. 415 of 2013 04 (1) as per schedule 5, which will adequately describe precautions taken by the centre to mitigate the risk of fire. The Policies and Procedures will then be implemented.

Completed 30th September 2017

**Proposed Timescale:** 30/09/2017

**Theme:**

Governance, Leadership and Management

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

The Directory of Residents established under Regulation 19, omitted the 'Cause of Death' for residents who had passed away.

**3. Action Required:**

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

The Directory of Residents has been updated to include 'Cause of Death' for residents.

Completed 16th August 2017

**Proposed Timescale:** 16/08/2017

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

While there were adequate records of transactions, improvements were required in relation to the provision of receipts for hairdressing, chiropody and purchases from the shop. Additionally, it was not evident that signatures were obtained from residents that had the ability to sign for transactions.

**4. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

A recording system has been developed whereby receipts for hairdressing, chiropody and purchases from the shop are now being issued for all transactions.

Signatures are sought from residents who have the ability to sign for transactions.

**Proposed Timescale:** 31/08/2017

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

Inspectors found that the accident and incident template was not designed to record details of certain types of accidents and incidents, and that hand written descriptions of some events were recorded in the log but did not contain any additional detail or follow-up. Some of the incidents and accidents which were recorded using the electronic template were incomplete, lacked detail and were difficult to interpret. There was no overall audit of accidents and incidents taking place. An internal audit confirmed that 10% of reported falls did not contain a complete falls analysis.

**5. Action Required:**

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

The current Falls Audit Programme has been extended to include all accidents and incidents with specific Accident / Incident Analysis Tool.

The current electronic template system will be further developed to contain additional understandable details and follow-up.

In the meantime, the existing paper based accident/incident analysis tool with triggers and compulsory fields will be enhanced to ensure that the accident/incident record is complete and easy to interpret.

All accident forms received in Director of Nursing's office incomplete are returned to relevant CNM for satisfactory completion.

Completed 30th September 2017

**Proposed Timescale:** 30/09/2017

**Theme:**

Safe care and support

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

As found during previous inspections, 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. This was attributed to the design and layout of multi-occupancy rooms. During the current inspection, inspectors noted that many staff had not been trained in hand hygiene or infection control. For other staff, more than three years had elapsed since their last training. This is particularly relevant given the limitations of the premises and that outbreaks of influenza and norovirus occurred in the last year.

**6. 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:**

While over 60% of staff received Hand Hygiene Training during 2016/17, the remaining staff are scheduled for training within two months of the inspection.

The procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority will be implemented by staff and audited by management.

**Proposed Timescale:** 31/10/2017

**Theme:**

Safe care and support

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

The format of this fire register did not cover all in-house tests recommended by HIQA as best practice in, Fire Precautions in Designated Centres, 2016. Management confirmed they had activated a manual call point on a weekly basis in the past, but this had lapsed in recent times. Assistive and lifting equipment were serviced regularly by qualified professionals, but beds were omitted from this servicing list.

**7. 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 separate dedicated Fire Safety Management Policy will be prepared in line with S.I. 415 of 2013 (04 (1) as per schedule 5, which will adequately describe precautions taken by the centre to mitigate the risk of fire.

The manual call point check of the fire alarm system has been reinstated and signed off by management.

The servicing of beds by a qualified professional is under review and a system will be put in place to regularly service them.

**Proposed Timescale:** 31/10/2017

**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:**

Improvements were required, however, as not all prescriptions were clearly legible and the inspector found it difficult to at all time know what drug was being prescribed or the prescribed dosage. This matter was in the process of being addressed at the time of the inspection and a new system of prescribing was in the process of being implemented.

**8. Action Required:**

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

regarding the appropriate use of the product.

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

The implementation of a computer generated Cardex system has been completed by the pharmacist for all residents and this allows for all prescriptions to be clearly legible, what drug is being prescribed and the prescribed dosage.

Completed 30th September 2017

**Proposed Timescale:** 30/09/2017

**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 nutritional assessment tool for one resident was not accurately calculated to demonstrate that the resident was at high risk of malnutrition.

**9. Action Required:**

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

All staff nurses will be updated and retrained on the correct method of calculating the MUST score on the nutritional assessment tool.

Completed 30th September 2017

**Proposed Timescale:** 30/09/2017

**Theme:**

Effective care and support

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

The care plan for this resident did not identify that the resident was at risk of attempting to eat inedible objects.

**10. 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:**

All care plans have been reviewed to ensure that they are 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 – thus identifying and minimising the risk of a resident attempting to eat inedible objects.

Completed 31st August 2017

**Proposed Timescale:** 31/08/2017

**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

**11. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**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 a new nursing home. Construction work began in December 2016 and will be completed in two phases:

Completion date Phase 1- 31st March 2018

Phase 1 will include New Build areas - 120 bedrooms and ancillary accommodation including, Lower Ground Floor Nazareth House and Newberry House.

Completion date Phase 2 - 31st July 2018.

Phase 2 will include the Ground and First floors of the existing Nazareth House.

The Inspector is updated on a monthly basis on the progress of the project.

Completed 31st July 2018

**Proposed Timescale:** 31/07/2018

#### **Outcome 14: End of Life Care**

**Theme:**

Person-centred care and support

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

On the day of inspection one resident was at active end of life stage and they were nursed in a multi-occupancy room. While efforts were made to support the privacy and dignity of the resident, this was not possible in a large multi-occupancy room.

**12. Action Required:**

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

**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 a new nursing home. Construction work began in December 2106 and will be competed in two phases:

Completion date Phase 1- 31st March 2018

Phase 1 will include New Build areas - 120 bedrooms and ancillary accommodation including, Lower Ground Floor Nazareth House and Newberry House.

Completion date Phase 2 - 31st July 2018.

Phase 2 will include the Ground and First floors of the existing Nazareth House.

In the meantime, where a resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), the centre will facilitate such preference in so far as is reasonably practicable.

Completed 31st July 2018 and ongoing

**Proposed Timescale:** 31/07/2018

#### **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 and storage of commodes by residents at their bedside.

**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 a new nursing home. Construction work began in December 2106 and will be competed in two phases:

Completion date Phase 1- 31st March 2018

Phase 1 will include New Build areas - 120 bedrooms and ancillary accommodation including, Lower Ground Floor Nazareth House and Newberry House.

Completion date Phase 2 - 31st July 2018.

Phase 2 will include the Ground and First floors of the existing Nazareth House.

The Inspector is updated on a monthly basis on the progress of the project.

Completed 30th June 2018

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