



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Nazareth House
Name of provider:	Sisters of Nazareth
Address of centre:	Fahan, Lifford, Donegal
Type of inspection:	Unannounced
Date of inspection:	12 January 2022
Centre ID:	OSV-0000368
Fieldwork ID:	MON-0035195

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Nazareth House is a designated centre registered to provide 24 hour health and social care to 48 male and female residents usually over the age of 65. It provides long-term care including care to people with dementia. Residents who require short-term care or periods of respite care are also accommodated. The philosophy of care as described in the statement of purpose involves every member of the care team sharing a common aim to improve the quality of life of each resident. The centre is a single-storey building located on the main link road between Letterkenny and Buncrana and overlooks Lough Swilly. The building is attached to a convent and a church, both of which are in use. Accommodation for residents is provided in single (18) and double/twin rooms (15). 28 of the rooms had en-suite facilities. There is a range of communal areas and a safe and well-cultivated garden available for residents to use during the day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 12 January 2022	10:05hrs to 17:00hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents' independence and choices were supported in this centre, and the residents enjoyed a good standard of care and support. Residents who spoke with the inspector were complimentary about the care provided in the centre, and a number of residents commented that the centre was a lovely place to live.

On arrival, a staff member guided the inspector through the infection prevention and control measures necessary before entering the centre and residents' accommodation. This included a signing in process, hand hygiene and electronic temperature check.

Following an introductory meeting, the person in charge accompanied the inspector for a walk around the centre. The inspector observed that the centre had a relaxed atmosphere and was homely. The communal rooms were bright and well ventilated. The inspector observed that residents were able to access the garden area independently and did not need the assistance of staff to unlock doors for them. The centre had a ramp installed at its entrance, which supported residents to independently move around or safely use their assistive devices to access the garden.

The inspector observed that the centre had spacious sitting rooms and a sunroom. Sufficient seating arrangements were available for the residents to spend their time with other residents in these areas. Residents were observed sitting in pods and were seen chatting with each other and the staff. Some residents were watching the television, and some were reading the newspapers or enjoying the views of the outdoor space. A phone booth was available for residents and was located close to the sitting room. This facilitated the residents to make phone calls with their loved ones privately.

Several residents who spoke with the inspector said that they like to sit near the window of the conservatory and enjoy the views of the nearby Lough Swilly. Residents told the inspector that they felt relaxed when they were in the sitting room, and the room was pleasant and quiet.

A number of residents were complimentary about the staff for their attentiveness and kind interactions. Various pictures were on display in the sitting room, and they included images of the nearby lake and landscapes surrounding the centre. Residents spoke passionately to the inspector regarding the various landscapes shown in the pictures and tried to identify the location of their homes and the places that they were familiar with.

The inspector observed residents spending time together and enjoying those joyful and meaningful social interactions with each other. Some residents who spoke with the inspector said that the centre was near to their home and it was almost like their

home. An activities coordinator was observed engaging with residents during the morning hours, and a schedule of activities was available in the centre.

The inspector observed that the staff interaction with residents was supportive, and staff were seen interacting with residents in a respectful and empathetic manner. Staff were seen to gain permission from the residents before entering their bedroom and before implementing any care activities. The inspector observed plenty of friendly banter during the staff and resident interactions, and it was clear that staff and residents enjoyed each other's company.

The inspector observed that the corridors were well lit, and there was adequate natural and artificial lighting throughout the centre. There were adequate toilet facilities near the day rooms, and the toilets the inspector inspected had grab rails installed in them to support residents. There were call bells available in toilets to assist residents in seeking staff assistance if required.

During the walk around, the inspector observed that alcohol sanitisers were available throughout the corridors at appropriate locations. There was adequate signage at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and hand hygiene.

Since the last inspection, new floor coverings were laid on the pre-existing ramps. The inspector observed that the availability of ramps in the centre has increased residents' access to most parts of the centre, including the sensory garden. The inspector observed that the sensory garden was well maintained, and the garden paths were free of obstruction.

Residents' bedrooms were personalised with ornaments, family photos and personal items of significance. Residents had adequate storage available in their bedrooms for personal items. However, some bedroom walls were in need of repainting.

The inspector noted that the residents had sufficient space in the dining room. Residents' views were taken into account in menu planning, and there was a choice available at each meal. The meals served were wholesome and nutritious. Some residents preferred to stay in their own room for their meals, and this was respected by staff. Staff were found helping residents while they were in the dining room, and those who required assistance were offered support in a discreet and respectful manner. Residents who spoke with the inspector confirmed that their meal was hot and that there was a variety of food offered, and that they enjoyed their meals.

The inspector observed that indoor visits were restricted and were only facilitated under compassionate grounds. However, the inspector observed that the centre was in the process of implementing the new visiting guidance on the day of inspection. Residents told the inspector that they were informed about implementing the visiting restrictions, and some residents told the inspector that the current arrangements were good and helped them to feel safe.

Some residents' comments were that 'the staff are exceptional in this place, they could not do more, and I feel safe here.' Another resident commented that the

nursing home is almost like their home now at this stage, and they liked the place.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that this was a well-managed centre and that the residents in the centre received good quality care and services in line with the centre's statement of purpose. The centre had a good regulatory history, and improvements were noted from the last inspection. Furthermore, it was noted that the governance and management of the centre were found to be committed to improving the quality of the care and services provided for the residents living in the designated centre.

This risk-based short announced inspection was carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated centre for older people) Regulation 2013 (as amended). The inspector reviewed the actions from the compliance plans of the last inspection, the information submitted by the provider and the person in charge, and other information.

The provider of the designated centre is the Sisters of Nazareth, and the provider is involved in operating several other designated centres in Ireland. The centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance.

During the walk around, the inspector observed that the person in charge was well known to the residents and was knowledgeable about the residents' needs. Residents were able to recognise the person in charge and told the inspector that they would approach the person in charge if they had any concerns.

The inspector reviewed a sample of staff files and observed that they contained all the required documentation required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. However, some improvements were required to ensure that all the schedule 3 documents are maintained in the centre. This is further discussed under Regulation 21.

There was a clear management structure in place, and staff were clear about their roles and to whom they reported. Deputising arrangements were in place for when the person in charge was absent.

The resources available in the centre were appropriately utilised, and there was a sense of teamwork in the centre. There was an unplanned staff absence on the day

of inspection. However, the person in charge had managed to find a replacement for this staff absence within their existing staffing compliment. However, the inspector noted that the staffing levels during weekends were not sufficient to ensure that residents had access to meaningful activities and recreation. This is discussed under Regulation 15.

Arrangements were in place to ensure that staff had access to mandatory training relevant to their role. However, a review of staff training records found that some of the staff were not up to date with this training. In addition, the inspector found that supervision of staff practices at mealtimes was not adequate.

The centre had a suite of monthly auditing systems in place. The inspector found that the audits carried out in the centre had identified several issues and action plans were developed, and organisational learnings were identified. The accidents and incidents happening in the centre were appropriately logged, action plans were formulated, and organisational learnings were identified.

There was a minimal number of complaints received in the centre, and the person in charge confirmed that there were no open complaints at the time of this inspection. The inspector noted that the residents were involved in the centre's organisation and that the data collected from the residents' meetings and surveys were found as utilised in developing quality improvement programs for the centre.

Regulation 15: Staffing

The number and skill mix of staff available having regard to the needs of residents and the size and layout of the centre required improvement. For example, there was insufficient staff rostered during the weekend to ensure that residents had access to meaningful activities and social interactions.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Some staff had not completed the safeguarding training and were overdue. The person in charge assured the inspector that the delay was due to unforeseen circumstances, and arrangements had been made to facilitate staff training.

In addition, the inspector observed that the staff supervision during the residents' mealtime required improvement. For example, the staff who assisted the residents on modified diets were not appropriately supervised by the nurses. The nurses were found busy carrying out the medication rounds during mealtimes.

Judgment: Substantially compliant

Regulation 21: Records

The inspector found that while the records were generally well maintained for all residents in the centre, the nursing records of the social care activities were not sufficiently completed on a daily basis and signed and dated by the nurse on duty. This documentation was essential and is to be made available for the nurses for reviewing the effectiveness of residents' care plans.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels. The inspector noticed that the provider had implemented the action plans from the last inspection. There was a quality assurance programme in place that effectively monitored the quality and safety of the service. Feedback from audits was used to identify areas for improvement. On the day of inspection, annual review for 2021 was nearing completion, and the person in charge had submitted this document to the inspector following the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and available to staff. The complaints policy identified the nominated complaints officer and included an appeals process. A summary of the complaints procedure was displayed on the notice board at the centre's reception. Procedures were in place to ensure that all complaints were logged and investigated and that the outcome of the investigation was communicated to complainants.

Judgment: Compliant

Quality and safety

The inspector found that there was a resident-focused culture, with residents reporting that they felt safe and well cared for by the staff in the centre. As a result, the residents enjoyed a good standard of care and support in line with their assessed needs and preferences.

The layout of the centre's premises supported the needs of the residents. Residents were provided with adequate indoor private and communal space and had unrestricted access to pleasant outdoor areas. However, the inspector observed that a number of bedrooms required repainting.

Residents' meetings were held regularly, and residents' satisfaction surveys were utilised to capture the residents' views about the service provided in the centre. Residents had access to advocacy services, and the provider, together with the person in charge, was committed to promoting the residents' independence in the centre.

Overall, residents' privacy and dignity were found to be well respected in the centre. However, the inspector observed that one shower room did not lock securely. The person in charge addressed the issue immediately, and this was resolved by the end of the inspection.

The inspector noted that the centre had arrangements in place to ensure that visiting was being carried out safely.

Each resident's needs were assessed on admission and at regular intervals or when necessary. Staff used accredited assessment tools to complete assessments of each resident's needs, including the risk of falling, malnutrition, pressure-related skin damage and mobility assessments. The centre had recently invested in an electronic care planning system.

The inspector noted that the COVID -19 contingency plans were regularly updated. The staff who spoke with the inspector were found to be knowledgeable about the current infection prevention and control guidance and what was expected of them in their roles in order to protect the residents from infection. Good hand hygiene practices were observed.

The staff changing facilities in the centre was well maintained, and staff had access to sufficient personal protective equipment. Hand hygiene facilities for visitors were well maintained in the centre, and hand sanitisers were available at appropriate locations. However, improvements were required to ensure that the hand sanitisers complied with the relevant standards, and this is discussed under Regulation 27.

Regulation 11: Visits

There were arrangements in place to ensure that visiting did not compromise residents' safety and that all visitors continued to have screening for COVID-19

infection completed in addition to completion of other infection prevention and control procedures.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

Décor in several of the bedrooms in the centre required improvement. For example, some walls in residents' bedrooms were found to be discoloured and needed a fresh coat of paint. The person in charge assured the inspector that arrangements had already been made to carry out the painting works.

Judgment: Substantially compliant

Regulation 26: Risk management

A centre-specific risk management policy and procedures were in place. This information included a risk register which included assessment and review processes. Control measures to mitigate the levels of risks identified were described.

Judgment: Compliant

Regulation 27: Infection control

The hand gel dispenser containers throughout the centre were refilled from a bulk container. This posed a risk of cross-contamination, leading to bacterial contamination with resistant organisms. The person in charge had assured that this would be addressed immediately.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider was found to be proactive in managing the fire safety risks in the centre. They had employed an external competent person to review the fire precautions of the centre, and a planned schedule of works was due for completion in next two weeks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

At the time of inspection, the centre was in the process of implementing an electronic health care system. Care plans reviewed on the day of inspection were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed that informed the care plans.

Judgment: Compliant

Regulation 6: Health care

Residents' nursing care and health care needs were met to a good standard. Residents were supported to safely attend outpatient and other appointments in line with public health guidance. Residents had timely access to general practitioners (GPs) from local practices, allied health professionals and specialist medical and nursing services. Out of hours, medical care for residents was accessible.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records showed that where restraints were used, these were implemented following risk assessments, and alternatives were

trialled prior to use.

Judgment: Compliant

Regulation 8: Protection

Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

Some minor improvements were required to ensure residents' privacy and dignity in communal shower rooms. The inspector noticed that the door of a communal shower room near the sitting room had no privacy lock or a shower curtain installed to ensure the privacy of residents who use this room. The person in charge had assured the inspector that this would be addressed immediately.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Nazareth House OSV-0000368

Inspection ID: MON-0035195

Date of inspection: 12/01/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Nursing Home will come into compliance with Regulation 15 by reviewing the staff complement and making adjustments to the roster when this is required. The review will take into consideration the skill mix of staff on duty. The Nursing Home will allocate staffing at the weekends to carry out activities with the residents to maximize their lifestyle choices.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • All staff have completed their safeguarding adults training within the scheduled timeframes; and • By ensuring that the Nursing Staff provide supervision and have oversight of staff who assist residents at mealtimes with modified diets. 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Ensuring the nursing records of the social care activities are sufficiently completed on a</p>	

daily basis and signed and dated by the nurse on duty. This documentation is essential and is to be made available for the nurses when reviewing the effectiveness of residents' care plans.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
By continuing the decoration and maintenance plan that exists for the Nursing Home. This is and has been an ongoing programme which is only affected by circumstances beyond the control of the Nursing Home.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
By the cessation of filling hand dispensers through the decanting of sanitizers from a bulk container. The Nursing Home is currently using dispensers which are filled with their own individual cartridge.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
By the fitting of a privacy lock on the identified door for this communal shower room and the installation of a shower curtain.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/04/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	13/01/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	30/06/2022

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/01/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	10/02/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	14/01/2022