Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Nazareth House Nursing Home Sligo
Name of provider:	Nazareth Care Ireland
Address of centre:	Church Hill, Sligo Town, Sligo
Type of inspection:	Unannounced
Date of inspection:	09 April 2026
Centre ID:	OSV-0000369
Fieldwork ID:	MON-0045116

About the designated centre

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

Nazareth House Nursing Home, Sligo, is a modern, purpose-built centre that opened in 2007. It replaced an older nursing home building on the site that had been operational since 1910. Residential care is provided for 70 male and female residents who require long-term care or who require care for short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre is located in Sligo town and is a short walk from bus services and the train station.
The building is divided into two residential units- Holy Family and Larmenier. Both units are organised over two floors and accommodate 35 residents. Each unit provides an accessible and suitable environment for residents. Bedroom accommodation consists of 30 single and 20 double rooms, all of which have ensuite facilities that include toilets, showers and wash hand-basins. There are additional accessible toilets located at intervals around the units and close to communal rooms. Sitting/dining areas are located on each floor. A range of other communal areas are accessible to the units and include an oratory, a coffee dock, a gallery area, a library, gardens and a shop that provide additional spaces for residents' use. In the statement of purpose, the provider describes the service as aiming to provide a high standard of compassionate, dignified, person-centred care in accordance with evidence-based best practices. The staff seek to develop, maintain and maximise the full potential of each resident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65

How we inspect

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
Thursday 9 April 2026	09:15hrs to 17:15hrs	Michael Dunne	Lead
Thursday 9 April 2026	09:15hrs to 17:15hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

This inspection found that residents enjoyed a good quality of life in which their assessed care needs were met, and where their preferences for care and support were prioritised. On the day of inspection, the inspectors observed that residents were supported to enjoy a satisfactory quality of life, supported by a team of staff who were kind, caring, and responsive to their assessed needs. The overall feedback from residents was that they were content with the care they received; one resident said "staff do all they can for you".

Upon arrival, the inspectors completed the sign-in process and proceeded to one of the units where they met a clinical nurse manager (CNM). Both, the person in charge (PIC) and the assistant director of nursing (ADON) were unavailable due to planned and unplanned absences. The inspectors commenced a walkabout of the designated centre, where they had the opportunity to meet residents and staff as they began preparations for the day. There were 65 residents living in the centre on the day of the inspection. A short time later, the inspectors met with two persons participating in management who had arrived to support the inspection process. Following the introductory meeting, the inspectors reviewed several care records, and documentation that they had requested.

During the walkabout inspectors observed that residents had been provided with support to manage their personal care needs in a discreet and respectful manner. Several staff and residents' interactions were observed, residents who presented with communication needs were supported by staff in a positive manner. Residents were given time and space to make their views known. These interactions confirmed that staff were aware of residents' assessed needs, and were able to respond to those needs in a constructive manner. Residents who walked with purpose were supported by staff in a dignified manner, and this approach was seen to reduce potentially challenging situations and maintain the safety of those residents.

Residents said that they felt safe living in the centre, and that if they had any concerns they could talk to any member of staff. The inspectors observed that residents appeared comfortable and relaxed in the presence of staff. This was validated by the resident feedback on the day when staff were described as polite and respectful. Residents who spoke with the inspectors confirmed their attendance at activities, while others confirmed that they were supported to attend events in the local community.

The centre was clean and well-maintained. Carpets along the corridors had been replaced with a wood effect flooring, and this improved the lived environment for the residents. The provider was found to have replaced clinical equipment used to support residents' mobility and transfer with new hoists, slings, and new air mattresses purchased since the last inspection. The janitorial sink in the cleaners'

room was on order, but at the time of this inspection, it was not in place, and the current disposal of wastewater was not in line with best practice.

Communal areas were tastefully decorated, while corridors were adorned with paintings created by residents. A café-style coffee dock was well-received and attended by residents and their relatives on the day of the inspection. This facility was open to residents, their relatives, and friends as an alternative meeting place outside of the residents' individual rooms, or on the residential units. There is also a dedicated visitors room available on the ground floor should residents wish to meet their relatives there. A cottage-style activity room is also located on the ground floor, and was furnished with items from times past, such as transistor radios, a cooking range, a spinning wheel, and an old fireplace. These items triggered memories for residents from their youth and were a focal point for discussions and reminiscence.

Communal spaces featured of a home-style layout with a living area complemented by an adjoining dining space. All of the home-style living areas were found to be well-laid out with sufficient seating and tables available for the residents to use. These areas were well-used by residents throughout the day. Resident rooms were tastefully decorated with personal items and mementos. Rooms were spacious and comfortable with sufficient storage space available for residents to store their personal belongings. Rooms were also observed to contain a television, a chair, a lockable storage unit.

The provision of activities on the day was delayed due to unplanned absence; however, the provider managed to secure social care support by 11.30am. The main activities arranged on the day of the inspection included attendance at the hairdressers, newspaper reviews, and an arts and crafts activity. Activities on one of the units was also impacted due to several residents appeared to have contracted a tummy bug. The provider activated their infection prevention and control procedures to manage the potential infectious outbreak. One of the persons participating in management remained in the centre following the inspection to coordinate the provider's response, and to link in with public health in the community for additional guidance, and support to manage the outbreak. Following the inspection the provider confirmed an outbreak of acute gastrointestinal illness (AGI).

The dining experience was observed to be unhurried, and meal times were well-organised to ensure sufficient staff were available to support residents to enjoy their meal. The inspectors observed that a choice of meals was offered, options available on the day consisted of roast bacon with vegetables or baked salmon. Meals appeared nutritious, and appetising. Residents commented positively about the quality, quantity, and variety of food provided in the centre, and confirmed that they could get an alternative dish to those on offer if they wished.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection confirmed that the designated centre was well-managed for the benefit of the residents living in the designated centre. The inspectors found that the provider had responded positively to the findings of the previous inspection held in May 2025, and had implemented the majority of their compliance plan from that inspection.

There were several monitoring systems in place to ensure that care services were safe and were provided in line with the designated centre's statement of purpose. While this helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care and support were respected, there were a small number of inconsistencies found in these systems. Delays in the identification of risk had the potential to impact on residents' quality of life. This is discussed in more detail under Regulation 23: Governance and management. Additionally, contracts for the provision of services reviewed on inspection were not in line with the regulations, and the statement of purpose (SOP) required some updates to ensure it provided an accurate description of the service provided.

This unannounced 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 to 2025 (as amended).

There was a clearly defined management structure in place that identified roles and responsibilities within the designated centre. Nazareth Care Ireland is the registered provider for Nazareth House Nursing Home, which was developed by the Sisters of Nazareth in 2007. The registered provider is involved in the operation of several other designated centres in Ireland, and maintains regular contact with this centre. There is a well-established clinical team in place, with the person in charge supported in their role by an assistant director of nursing, clinical nurse managers, and a team of nurses. The team also included a part-time respite co-ordinator, health care assistants, activity staff, maintenance, and a part-time physiotherapist. Since the last inspection, the management structure within the designated centre has been strengthened with the addition to the management team of a compliance and quality manager.

The provider implemented a systematic approach to monitoring the quality and safety of the service provided to residents. This included a schedule of clinical, environmental, and operational audits. The provider maintained regular clinical oversight of falls, wound care, nutrition and hydration, medicine management, antibiotic use and skin care. Overall, where improvements were identified, action plans were developed and actioned within defined timelines. However, there were some risks identified on this inspection that required further oversight to ensure that residents' safety was maintained.

During the walkabout, the inspectors identified a door to the balcony, which was unlocked and did not have controls in place to manage access to this area. The inspectors issued an immediate action to the provider due to the potential harm to residents who may exit the door onto the balcony. The provider secured the area and later confirmed that a new security device had been fitted on the door.
Some internal processes required strengthening such as the system in place to record, and monitor maintenance requests. Currently the maintenance logbooks to record requests were held in the reception area, and not within each unit. This had added an additional process in the monitoring, and oversight of maintenance requests to ensure that works had been completed.

The annual review of the quality and safety of services provided for 2025 was based on feedback received from both residents and their relatives. This document was well-prepared, and also focused on the provider's performance against the themes of Capacity and Capability, and Quality and Safety. There was an additional focus by the provider on what aspects of the service could be improved going forward. There was an extensive quality improvement plan for 2026, which the provider was working through at the time of the inspection.

A review of contracts for the provision of services found that some aspects of the contract were not in line with regulatory requirements; for example, charges for services that residents may be entitled to access free of charge, may not require or may not wish to avail of. The issues involved are described in more detail under Regulation 24: Contract for the provision of services.

There was a significant turnover of staff since the last inspection across several departments, which included clinical, health care, and housekeeping services. The provider initiated a rigorous recruitment drive, and at the time of this inspection records, confirmed that staff numbers were in line with the staff complement outlined in the provider's statement of purpose.

There were sufficient numbers of staff available in the designated centre during the inspection to meet the assessed needs of the residents. Residents who required assistance were observed to be provided with assistance without delay. Arrangements were also in place to maintain staffing levels to cover staff absences. Staff spoken with were knowledgeable about residents' individual needs, and were observed to be responsive to requests for assistance by residents. The provider was found to have maintained an extra health care assistant resource to provide additional supervision to residents at 9pm.

Both new and existing staff were supported in their work through induction, probation, and staff appraisal. Where staff performance did not reach the required standards, the provider met with individual staff member to discuss the relevant issues concerned, and to develop a work plan to improve overall performance. There was a well-defined training programme in place, which incorporated both mandatory and supplementary training for staff in line with their roles as defined by their job description.

Complaints were observed to be resolved within the specified timescale as outlined in the centre's complaints policy. The provider was keen to learn from complaints, and to identify patterns that may impact on the quality of the service provided. The provider arranged for staff to attend complaints training in January 2026 to further their knowledge in this area.

Regulation 15: Staffing

There were sufficient numbers of staff available on the day with the required skill-mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centres' statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training on fire safety, which was provided on an annual basis, while training in manual handling and safeguarding was provided in accordance with the designated centre's policies. There was a range of supplementary training available for staff to attend, such as wound management, medication management, dementia, infection prevention and control, dysphagia and cardio-pulmonary resuscitation (CPR).

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the registered provider had management systems, and levels of oversight in place to monitor the quality of the service provided; however, some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate, and consistent. For example:

• The routine monitoring of the premises had not identified missing signage on doors to identify their contents, and purpose.

• The internal review of contracts carried out by the provider for the provision of services did not identify that some fees charged to residents were not in line with the regulations.

• The registered provider did not fulfil their commitment, as set out in the compliance plan following the inspection completed on 29 May 2025, to install a designated sink to access water for the dilution and discarding of cleaning chemicals by 31 August 2025.

• The routine monitoring of the premises had not identified the risk associated with uncontrolled access to the balcony. Under this regulation the provider was required to address an immediate risk that was identified on the day on the inspection. The manner in which the provider responded to the risk did provide assurance that the risk was adequately addressed'

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts that the provider had agreed in writing with residents, and found that they did not comply with the requirements of the regulations. For example:

The terms relating to the social charges services mentioned that the weekly charge also includes costs for physiotherapy, and occupational therapy (group sessions), a dietitian, and the administration and Management of auxiliary medical, and pharmacy services (e.g. Speech and Language, Tissue Viability and Dietetic Services). However, residents may be entitled to these services free of charge through the general medical services (GMS) scheme or through any other entitlements.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider updated their statement of purpose in February 2026 however a small number of amendments were required to ensure that it provided accurate information in relation to recent changes to the internal staff structure, and to the services provided. For example:

- Details of the new person in charge (PIC), and assistant director of nursing (ADON) were not included.
- The narrative regarding the associated service charge is not transparent did not provide a clear account of what the charges are for.
- Information in relation to the outsourcing of linen, and collection times was omitted from this document.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the incident and accident records confirmed that three-day notifications were submitted to the office of the Chief Inspector of Social services within the required time frame. These records also confirmed that the provider submitted quarterly reports in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible complaints policy and procedure were in place and displayed in a number of prominent places within the centre. There was a nominated person to record and investigate complaints, and there was information available to support residents' access to independent advocacy services if required. There was a nominated review officer in place, separate to the investigation officer should the resident or a family member wish for the outcome of the investigation to be reviewed.
A review of the complaints records found that five complaints had been received since the last inspection, and were managed in line with the centre's complaints policy.

Judgment: Compliant

Quality and safety

This inspection found that the management and staff worked to provide a good quality of life for residents living in the centre. Residents were satisfied with the service they received, and reported feeling safe and content living in the centre. Inspectors observed that residents' rights and choices were upheld. Staff were respectful and courteous with residents.

Care delivered to the residents was of a good standard. Nursing and care staff were knowledgeable about residents' care needs, and this was reflected in the nursing documentation. The inspectors reviewed a sample of 10 residents' care records. Each resident had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care

needs. Following admission, a range of clinical assessments were carried out using validated assessment tools to identify potential risks to residents, such as poor mobility, impaired skin integrity, and risk of malnutrition.

The outcomes of assessments were used to develop a care plan for each resident, which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed were person-centred, holistic, and contained the necessary guidance to staff on the supports required to maximise the residents' quality of life. There was evidence that the information contained within the care plans was gathered through consultation with the residents, and where appropriate, their families. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents were provided with access to appropriate medical care, with residents' general practitioners (GPs) providing on-site reviews. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had appropriate assessments completed. Person-centred care plans were developed detailing the supports and the interventions to be implemented by staff, to support a consistent approach to the care of the residents. Care plans included details of interventions to support the resident to manage responsive behaviours. Interactions observed between staff and residents were observed to be person-centred and non restrictive.

The inspectors observed that residents' rights and choices were upheld, and their independence was promoted. Residents were free to exercise choice in their daily live, and routines. There was a schedule of activities in place, which included music sessions, bingo, art classes, and excursions to the local town. Residents were provided with opportunities to consult with management and staff on how the centre was run. Residents had access to an independent advocacy service.

The design and layout of the premises were suitable for their stated purpose, and met the residents' individual and collective needs. However, there was no signage available to identify an equipment store,or a toilet facility. This had the potential to cause delay, and confusion in accessing these facilities.

Housekeeping staff were knowledgeable about cleaning practices and the environment, and the equipment used by residents was visibly clean. There was evidence of good practices in relation to infection control. Staff demonstrated an appropriate knowledge of the centre's cleaning procedure and the systems in place to minimise the risk of cross infection. There were quality assurance processes in place to ensure a satisfactory standard of environmental conditions and equipment hygiene. There was an assured responsiveness to a potential infectious outbreak in

the centre. Staff were aware of their roles in maintaining a safe environment for the residents, and the measures that were required to reduce the spread of infection.

Notwithstanding this good practice, delays in the installation of a wastewater sink in the housekeeping room meant that wastewater was routinely disposed of in the sluice facility. This is a repeated finding from the inspection in May 2025. In addition, a small number of cleaning records were incomplete and therefore assurances could not be obtained that these areas, such as the floor in the equipment room were cleaned.

The provider had systems in place to ensure residents' nutritional status was effectively monitored. Staff were knowledgeable regarding the nutritional needs of individual residents. Residents who were assessed as being at risk of malnutrition were supported by appropriate health and social care professionals when necessary.

The management of risk in the centre was guided by the risk management policy specific to the service. There was a comprehensive up-to-date risk register in place, which identified risks in the centre, and the controls required to mitigate those risks. Arrangements for the identification, and recording of incidents were in place.

The person in charge ensured that, where a hospital admission was required for any resident, transfers were safe and effective by providing all relevant information to the receiving clinicians and that all relevant information was obtained on the resident's return to the centre. The National Transfer Document and Health Profile for Residential Care Facilities were used when residents were transferred to acute care. This document contained details of healthcare-associated infections and colonisation to support the sharing of, and access to, information within and between services.

The provider had taken precautions against the risk of fire in order to protect residents in the event of a fire emergency. Several records relating to fire safety were reviewed and found to be well-maintained. These records included, maintenance of the fire alarm system, certificates of servicing, and records that confirmed quarterly checks on emergency lighting, and on fire extinguishers. The provider maintained, and updated residents' personal emergency evacuation plans (PEEPs), which were updated at least every four months or as, and when residents' mobility needs changed. There were also records to confirm fire drills, and simulated evacuations were being conducted by the provider.

There was effective oversight of medicines management to ensure that residents were protected from harm, and provided with appropriate and beneficial treatment. The provider was found to have updated their medication management system to provide improved oversight of medicine administration, storage, and disposal. A review of records confirmed that regular training in medication management was provided.

Regulation 18: Food and nutrition

Residents' food and fluids intake were comprehensively assesse, and closely monitored to ensure their nutrition and hydration needs were met. Residents had access to speech and language therapy, and dietetics services as needed. Residents were provided with a varied diet, and alternatives to the hot meal menu options were available in accordance with residents' preferences. Residents' special dietary requirements were effectively communicated to catering staff, and dishes were prepared in accordance with residents' individual preferences, assessed needs, and the recommendations of the dietitian, and speech and language therapists. Fresh drinking water, and other refreshments were available to residents at mealtimes, and throughout the day.

Residents' mealtimes were facilitated in the dining rooms of each unit. There was sufficient staff available to provide timely assistance to residents in the dining room at mealtimes. The inspectors observed that residents were provided with discreet assistance as needed. Staff were attentive to residents' individual needs, and provided encouragement and support where needed.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place, which included all of the required elements, as set out in Regulation 26. There was a regular review of incidents and accidents to identify trends to reduce such occurrences.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018); however, further action is required to be fully compliant. This was evidenced by:
• The housekeeping room did not have a designated sink to access water for the dilution and discarding of cleaning chemicals. This meant that housekeepers had to use sinks that were accessible in the sluice facility.
• A small number of records to confirm that cleaning had occurred were not signed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider ensured there were adequate fire safety precautions in place in order to protect residents from the risk of fire. A review of fire safety records maintained in the centre found the following:

- There was annual and quarterly servicing of the fire alarm system, including regular servicing of emergency lighting and fire extinguishers.
- All fire exits reviewed on the day were accessible.
- There were local daily and weekly checks on the fire procedures currently in place.
- The provider maintained residents' personal emergency evacuation plans (PEEPS).
- Simulated fire evacuations were carried out by the provider.
- Fire directional signage was in place and directed people to the nearest fire exit.
- Fire maps were located throughout the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were processes in place for the prescribing, administration, and handling of medicines, including the safe storage of controlled drugs in accordance with current professional guidelines and legislation.

The inspectors observed that medicines were administered to residents in a safe manner. There was a system in place for the storage and disposal of medication that was no longer required or out of date.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed on admission, and personalised care plans were developed in response to any identified need. Residents had person-centred care plans in place which reflected residents' needs, and the supports they required to maximise their quality of life. A variety of evidence-based clinical tools were used to assess needs, including mobility, nutrition, and skin integrity. Care plan reviews took place every four months or when residents' needs changed.

Judgment: Compliant

Regulation 6: Health care

The residents' nursing care and health care needs were met to a good standard. There was evidence that residents were referred to other health and social care professionals as required. There were arrangements in place for residents to access physiotherapy and occupational therapy services. The designated centre received support from its local pharmacist regarding the oversight of medicines management.

Tissue viability expertise was also available to support nursing staff with the management of wound care. A mobile X-ray service was available for residents living in the designated centre, which was well received by both residents and the management of the home.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A positive and supportive approach was used by staff in their care of a small number of residents who intermittently experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to be attentive to residents' individual needs for support, and residents responded well to the care and support provided by staff. All staff were facilitated to attend appropriate training to ensure they had up-to-date knowledge and skills to effectively care for residents with responsive behaviours.

The provider is committed to minimal restraint use in the centre, and current practices reflected the national restraint policy guidelines. Restrictive equipment was risk assessed and only introduced and used in consultation with individual residents, their representatives or on the recommendation of the multi-disciplinary team.

Judgment: Compliant

Regulation 8: Protection

The centre maintained and promoted policies and procedures to protect and safeguard residents from abuse. All staff were found to have attended safeguarding training. Staff spoken with were knowledgeable regarding recognition and responding to abuse. Staff were aware of the reporting procedures, and clearly articulated knowledge of their responsibility to report any concerns they may have regarding residents' safety. Residents who shared their views with the inspectors

confirmed that they felt safe in the centre. A review of Schedule 2 records confirmed that the provider maintained all the required documentation to conform with the regulations.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected, and they were encouraged to make individual choices regarding their lives in the centre. Residents' privacy and dignity were respected by the staff team caring for them. Residents' social activity needs were assessed, and their needs were met with access to a variety of meaningful individual and group activities in line with their interests and capacities. Residents were supported by staff to go on outings and integrate with their local community where appropriate.

Residents were provided with opportunities to be involved in the running of the centre, and their views and suggestions were sought, including with the support of their representatives, and this feedback was valued and utilised by the service to enhance residents' experiences and improve their lived environment. Residents had access to televisions, telephones, newspapers, and were supported to avail of advocacy services in consultation with them as they wished.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents as they wished.

Judgment: 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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	Compliant

Compliance Plan for Nazareth House Nursing Home Sligo OSV-0000369

Inspection ID: MON-0045116

Date of inspection: 10/04/2026

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider has reviewed and strengthened the management systems for the designated centre to ensure that the service provided is safe, appropriate, consistent and effectively monitored. The uncontrolled access to the balcony was addressed immediately on the day of inspection. Access was secured and a security device was fitted. The balcony is now included on the centre risk register and in the environmental safety audit, with daily visual checks and monthly governance review. A revised monthly premises and environmental audit is now in place and is completed by the person in charge or assistant director of nursing with maintenance support. The audit includes door signage, access controls to restricted areas, housekeeping stores, storage areas, toilet and equipment-room signage, and general environmental risks. Findings from the premises audit are recorded on a corrective action tracker, assigned to a named person, given a completion date and reviewed at the monthly quality and safety/governance meeting until closed. All missing signage identified during the inspection has been installed, including signage for the equipment store, toilet facilities and relevant storage and utility areas. The maintenance reporting process has been strengthened. Maintenance requests are now recorded at unit level and reviewed weekly by the person in charge or assistant director of nursing and maintenance staff, with completion dates and sign-off recorded. Designated sinks for the safe dilution and disposal of cleaning chemicals were installed in the housekeeping stores on 28 May 2026. Signage is in place and staff have been reminded of the required procedure. The contract of care will be reviewed. The revised contract will clearly describe charges, will not include charges for services residents may be entitled to access free of charge through GMS or other statutory entitlements, and will ensure that optional service charges are transparent.	

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
services:
The registered provider is undertaking a full review of the contract for the provision of services. The revised contract of care will be aligned with Regulation 24 and will clearly set out the care and welfare services to be provided and the fees, if any, to be charged for such services.
The revised template will remove any wording that could be interpreted as charging residents for services that they may be entitled to access free of charge through the GMS scheme or other statutory entitlements, or for services they do not require or choose not to avail of.
Where any additional or optional services are offered, the contract will clearly state what is included, whether the service is optional, and how the charge is applied.
Following approval, the revised contract will be issued for all new admissions. Addenda will be issued to existing residents and/or their representatives where amendments are required.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose has been reviewed and updated against Schedule 1 to ensure that it accurately describes the service provided in the designated centre.
The updated document includes the current person in charge and assistant director of nursing details, the current governance and management arrangements, and the linen/laundry outsourcing and collection arrangements.
The narrative on associated service charges is being amended to ensure it is transparent and consistent with the revised contract of care. The updated wording will clearly describe what charges relate to and will distinguish core services from optional or additional services.
The final updated Statement of Purpose will be approved by the registered provider and made available in the centre to residents, their representatives and inspectors.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The registered provider has taken action to ensure that infection prevention and control procedures are consistent with the National Standards for Infection Prevention and Control in Community Services (2018) and are implemented by staff.

A Designated sink was installed in the housekeeping stores on 28 May 2026 for access to water and for the dilution and disposal of cleaning chemicals. Appropriate signage is in place and housekeeping staff have been instructed on the required process.

Compliance with use of the designated sinks will be checked through weekly IPC walkarounds and the monthly IPC audit.

Cleaning schedules and cleaning-record requirements have been reviewed with housekeeping and nursing staff. Staff have been reminded that cleaning records must be completed contemporaneously and signed when cleaning is completed, including equipment rooms and other storage/ancillary areas.

The person in charge, assistant director of nursing or delegated clinical nurse manager will review cleaning records daily for completeness. The monthly IPC audit will sample cleaning records and environmental hygiene standards, and any gaps will be entered on the centre quality improvement plan with a named owner and completion date.

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	12/08/2026
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	12/08/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards	Substantially Compliant	Yellow	12/08/2026

	published by the Authority are in place and are implemented by staff.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	12/08/2026