



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:	Malahide Road, Clontarf, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	07 March 2023
Centre ID:	OSV-0000149
Fieldwork ID:	MON-0039561

About the designated centre

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

The Sisters of Nazareth opened Nazareth House Dublin as a nursing home in 1970, which was refurbished in 2018. The centre can accommodate 120 residents in single en suite bedrooms, to both male and female residents over the age of 18 years. There are two units on the ground floor called Brook Green 1 and 2 with both providing 15 bed spaces in each unit. The first floor contains 60 bed spaces with 30 provided in Gahan unit and 30 bed spaces provided in the Holy Family Unit. Larmenier unit on the second floor has 30 bed spaces available for use. Facilities available to residents include a chapel, hair salon, conference, meeting/training room and activity room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

120

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
Tuesday 7 March 2023	09:45hrs to 17:00hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector spoke with four visitors and four residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents spoken with were also happy with the standard of environmental hygiene. However some said they missed the social element of the coffee shop in the centre which had not fully reopened since the pandemic. The inspector was informed by the person in charge that plans were being put in place to reopen the coffee shop.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Staff were responsive and attentive without any delays with attending to residents' requests and needs.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Visitors were seen coming and going during the course of the inspection. Visits were observed taking place indoors in residents' rooms and in communal rooms. Residents were also seen to enjoy the activities observed in the large communal sitting rooms on the day of the inspection. The inspector also observed that mealtimes in the centre's dining rooms were relaxed and social occasions for residents, who sat together in small groups at the dining tables.

The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy. All units had access to sluice rooms for the holding and reprocessing of bedpans, urinals and commodes and dedicated housekeeping rooms for storage and preparation of cleaning trolleys and equipment. These areas were observed to be visibly clean.

Alcohol hand gel dispensers were also readily available along corridors for staff use. However the inspector identified some issues which may impact the effectiveness of hand hygiene. Hand hygiene sinks were available within sluice rooms, clinical rooms and housekeeping rooms. However these sinks did not comply with the recommended specifications for clinical hand wash basins and the low water pressure in several sinks did not support effective hand washing. Details of issues identified are set out under Regulation 27.

The centre was well ventilated and spacious with surfaces, finishes and furnishings that readily facilitated cleaning. The corridors were wide and well lit. The communal areas appeared to be comfortable, pleasantly decorated spaces. The centre comprised 120 bedrooms which were all single en-suite rooms. The majority of residents had chosen to personalise their bedrooms with ornaments and photographs. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean. Equipment viewed was also generally clean with some exceptions. For example the majority of

portable fans observed, one commode and four shower chairs were unclean.

Three of the four cleaning trolleys viewed were also visibly clean. However one cleaning trolley required more detailed cleaning in crevices to ensure that equipment used for cleaning does not contribute to cross infection.

Infection prevention and control information and reminders were displayed on a designated notice board. There were no residents with confirmed or suspected respiratory infections in the centre on the day of the inspection. However the inspector observed that excessive infection prevention and control COVID-19 signage was on display throughout the centre. The majority of these were removed during the course of the inspection.

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

Capacity and capability

This inspection focused specifically on Regulation 27: Infection Control. Regulation 27 requires that the registered provider ensures that procedures, consistent with the National Standards for infection prevention and control in community services are implemented. Improvements were noted in the standard of environmental hygiene following the last inspection. A cleaning supervisor had been recruited and the inspector observed there were sufficient numbers of housekeeping staff to meet the needs of the centre.

However the inspector found that overall the provider did not comply with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control governance, antimicrobial stewardship and the implementation of some elements of standard infection control precautions. Details of issues identified are set out under Regulation 27.

The registered provider for Nazareth House is the Sisters of Nazareth. On the day of inspection, there was an established governance and management team in Nazareth House nursing home which consisted of the Director of Nursing, who also held the role of person in charge. The person in charge worked full-time in the centre and was supported by an ADON, nursing staff, health care assistants, activities staff, housekeeping and maintenance staff.

The inspector found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with

the Director of Nursing who was also the designated COVID-19 lead. The provider had also nominated an infection prevention and control link practitioner to increase awareness of infection prevention and control issues locally whilst also supporting staff to improve infection prevention and control practices. This staff member had attended the link practitioner training course. Protected hours were allocated to the role of infection prevention and control link practitioner. The infection control link practitioner was present on the day of inspection and demonstrated a commitment and enthusiasm for their role.

The inspector was informed that regular access to infection prevention and control specialists was available from the infection prevention and control team in a local hospital. The inspector saw evidence of onsite visits and reviews. A number of low level environmental hygiene issues had been identified during the most recent visit. These issues had been addressed.

The staffing numbers and skill mix were appropriate to meet the assessed needs of residents in line with the statement of purpose. The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review, and observations throughout the day, the inspector saw that there were sufficient staff to meet the care needs of residents.

The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and disposable cloths to reduce the chance of cross infection. Regular environmental hygiene audits were carried out. However audits were not scored, tracked and trended to monitor progress. This was a lost opportunity for learning.

The volume of antibiotic use was also monitored each month. The inspector was informed that all clinical nurse managers (CNM's) were monitoring antibiotic usage on their units and meetings had been held with the GP to discuss antibiotic usage. However, further targeted antimicrobial stewardship quality improvement initiatives, training and guidelines were required. Findings in this regard are further discussed under the individual Regulation 27.

Surveillance of healthcare associated infection (HCAI) was routinely undertaken and recorded. However routine surveillance of multi drug resistant organisms (MDROs) was not undertaken. A review of acute hospital discharge letters and laboratory reports on three units found that staff had failed to identify several residents colonised with multi drug resistant bacteria. Findings in this regard are presented under regulation 27.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that the majority staff were up to date with mandatory infection prevention and control training including MDRO training. Additional training had been scheduled for early April 2023.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. There were no visiting restrictions in place and public health guidelines on visiting were being followed. Visits were encouraged and practical precautions were in place to manage any associated risks. The inspector observed a high level of visitor activity over the course of the inspection.

The inspector identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection. Staff had also received appropriate training in the fitting and safe use of (FFP2) respirator masks in May 2022. However assurances were not provided that urinals were decontaminated effectively and additional measures were required to ensure the safe use of sharps and sterile dressings. Details of issues identified are set out under Regulation 27.

The largest outbreak of COVID-19 had occurred early in the pandemic in April 2020. Since this time the provider had effectively managed several smaller outbreaks and isolated cases of COVID-19. The most recent outbreak had occurred in November 2022. All residents that had tested positive had since fully recovered. Outbreaks were discussed and local and regional meetings. However a formal review of the management of the outbreaks of COVID-19 had not been completed.

The layout of the building lent itself to effective outbreak management. For example, units were divided to operate as five separately staffed areas over three floors. This meant that each area could operate as distinct cohort area with minimal movement of staff between zones to minimise the spread of infection should an outbreak develop in one area of the centre. Single en-suite bedrooms are also associated with reduced transmission of infection, compared to rooms accommodating multiple residents. The inspector was informed that en-suite facilities meant that there was limited use of commodes within the centre. This also reduced the risk of cross infection. Nevertheless it is important to have effective equipment and processes in place for decontamination of commodes and urinals in place should the need arise. Findings in this regard are further discussed under Regulation 27.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections to support sharing of and access to information within and between services. However nursing staff were unaware of the routine Carbapenemase-Producing Enterobacterales (CPE) screening carried out when residents from the nursing home were admitted to hospital. This may impact

communication between the designated centre and the acute hospital.

Resident care plans were accessible on a computer based system. A review of care plans found that further work was also required to ensure that all resident files contained resident's current health-care associated infection status and history.

Regulation 27: Infection control

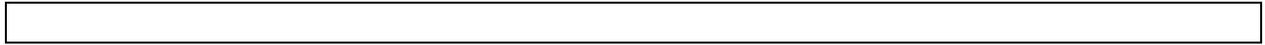
The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example antimicrobial stewardship measures were not outlined in the care plans of residents that were known to be colonised with MDROs or that had a history of *Clostridioides difficile* (C. diff) infection.
- Staff and management were unaware of which residents were colonised with MDROs. Accurate information was not recorded in resident care plans to effectively guide and direct the care residents colonised with MDROs. This meant that appropriate precautions may not have been in place when caring for these residents.
- Outbreak reviews were not routinely undertaken after outbreaks to assess the management of outbreaks. This was a lost opportunity for learning.

Equipment and the environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Dedicated clinical hand wash sinks were not available within easy walking distance of all resident bedrooms. The underside and inside of the majority of alcohol hand gel dispensers were unclean.
- Used linen trolleys were observed within rooms used for the storage of clean supplies and linen. This posed a risk of cross-contamination.
- Open, unlabelled and partially used wound dressings were observed in two clinical rooms. This may have impacted the sterility and efficacy of these products.
- A range of safety engineered needles were not available. The inspector also saw evidence that needles were recapped after use on residents. This practice increased the risk of needle stick injury.
- The detergent in one bedpan washer was expired and empty. This may impact the efficacy of decontamination. Staff informed the inspector that urinals were not routinely washed in the bedpan washer after every use. This may pose a risk of cross contamination.

Judgment: Not 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	
Quality and safety	
Regulation 27: Infection control	Not compliant

Compliance Plan for Nazareth House OSV-0000149

Inspection ID: MON-0039561

Date of inspection: 07/03/2023

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 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Registered Provider will come into compliance with Regulation 27: Infection control by:</p> <p>The overall antimicrobial stewardship program will be further developed, strengthened and supported in order to progress best practice. This process will involve the Senior Management Team engaging with key stakeholders and developing a collaborative approach to embed an effective system that is applicable within each stakeholder remit of authority.</p> <p>The Guidelines for the Prevention and Control of Multi-drug resistant organisms (MDRO) excluding MRSA in the residential setting will be thoroughly reviewed and applied.</p> <p>An infection control program will be developed further ideally incorporating the following:</p> <ul style="list-style-type: none"> o A process for monitoring infection control problems, including outbreaks of MDRO o A programme for the development and updating of policies and procedures. o Dedicated formal access to microbiology and infection prevention and control advice o Dedicated formal access to occupational health services o An active antimicrobial stewardship programme <p>The Person in Charge and other key stakeholders will continue to engage with the Inspection Control Specialist to further develop surveillance of MRDO colonization and to develop a more comprehensive system in line with the National Standards.</p> <p>Staff and management will attempt to obtain information on which residents are colonised with MDROs. Where this information is provided it will be recorded in resident care plans to effectively guide and direct the care residents colonised with MDROs. This meant that appropriate precautions will be in place when caring for these residents.</p> <p>Outbreak reviews are ongoing after outbreaks; however, additional documentation will</p>	

be implemented to assess the management of outbreaks and share the learning.

A review will be taken of clinical hand wash sinks with the local HSE Infection Control Lead and any actions required will be implemented.

All alcohol hand gel dispensers will be checked and any remedial actions will be completed.

Used linen trolleys will not be allowed to be stored within rooms used for the storage of clean supplies and linen.

Opened wound dressing packs will be labelled with the resident's name/date of opening and kept in a zip lock bag.

The Sharps Policy will be reviewed and sent to all staff members re-enforcing best practice as regards the management of sharps including needles.

The detergent levels in each bedpan washer will be routinely monitored going forward. A directive will be provided to all staff requiring all urinals to be routinely washed in the bedpan washer after every use.

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 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.	Not Compliant	Orange	30/06/2023