



# 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:	Nazareth Care Ireland
Address of centre:	Malahide Road, Clontarf, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	04 June 2025
Centre ID:	OSV-0000149
Fieldwork ID:	MON-0047077

## 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. Larmerier 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:	117
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## 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
Wednesday 4 June 2025	08:05hrs to 17:15hrs	Geraldine Flannery	Lead
Wednesday 4 June 2025	08:05hrs to 17:15hrs	Aislinn Kenny	Support

## What residents told us and what inspectors observed

Overall, residents reported that they felt safe in the centre and that staff were kind and helpful while providing support.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Inspectors met with many residents and visitors during the inspection to gain insight into their experience of living in Nazareth House and spoke more in-depth with fifteen residents and six visitors. The overall feedback from residents and visitors was one of satisfaction with the quality of care in the centre however, a resident told inspectors it could be loud at times in one unit. Residents and visitors spoke positively about the staff and management in the centre.

The centre provided a homely environment for residents. There were many spaces for group interaction and quiet reflection. One resident and their visitor said they enjoy the on-site coffee shop which was ran by volunteers. It was open during the week-days and said they hoped that it could be available at weekends.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call-bells were answered without delay and residents informed inspectors that they did not have to wait long for staff to come to them.

Overall, some improvements were required in respect of the maintenance of the environment, as further detailed in the report. Inspectors observed that a hand sanitiser dispenser had a glass display panel that was broken posing a health and safety risk. This was replaced before the end of the inspection.

Inspectors observed the quiet room, which was registered for the use of residents, was being used by staff to store food in one unit and as a staff break room in another unit. Inspectors also observed a clinical store room which was being used to store equipment like wheelchairs, mobility aides and hoists.

Inspectors spent time observing meal times and saw that these were relaxed and unhurried. Assistance was provided when required by allocated staff, to ensure meals were consumed while hot. The centre had recently changed their meal provider and residents had been invited to give their feedback on the meals offered through a residents' food committee. Residents spoken with said they liked the food, had plenty to eat and had access to food at all times. Residents were also able to choose where they wanted to eat, some preferred the dining room and others preferred to eat in their bedrooms.

There was a variety of activities for residents to choose from and residents confirmed that they were happy with the activity schedule. All activities available were displayed on a notice board. On the day of the inspection residents were

attending daily Mass in the chapel, and the residents said they were happy with that arrangement. A selection of daily newspapers were readily available for residents to access and read. Since the last inspection the activity schedule had been extended to include a full schedule of events on a Saturday.

Residents said they were happy with their bedrooms and had enough storage for their belongings and clothes. Residents said that their clothes were regularly laundered and returned to their rooms and that they did not have any complaints about the laundry service. They could bring in their own furniture and personal items from home to decorate their rooms.

Inspectors were informed about the close relationship that existed between residents at the nursing home, and the sisters that lived in the adjoining convent. There appeared to be a close connection between the two, for example the sisters helped attend to the church in the centre and assist at the daily Mass. Inspectors spoke with one sister who came in from the convent to give one resident reading material that they 'knew they would enjoy'.

Volunteers enhanced the quality of life of residents within the centre and contributed to the lived experience, providing support and companionship.

Residents had been informed of the complaints process and knew they could complain if they had an issue of concern. Residents said they were satisfied reasonable action had been taken to address any concerns raised, and said staff keep them informed of changes and improvements.

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

## Capacity and capability

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013-2025 (as amended).

The inspectors followed up on the compliance plans from previous inspections and acknowledge the improvements and positive changes made by the provider. Following the last inspection, a supernumerary senior staff nurse was introduced until 8pm seven days a week, providing supervision and support in the evenings including evening shift handover. However, this inspection found that further action was required by the provider in bringing the designated centre into compliance with the regulations, and will be discussed further in the report.

Nazareth House is a designated centre for older persons, operated by Nazareth Care

Ireland, which is the registered provider and part of the wider Nazareth group.

There was a clearly defined management structure in place that was responsible for the delivery and monitoring of effective health and social care support to the residents. The person in charge was supported in their role by an assistant director of nursing (ADON), clinical nurse managers (CNM), a team of nurses, care staff, housekeeping, administration staff, activities staff and volunteers. A company director representing the provider and the quality and safety manager were also present on the day of the inspection.

The registered provider had systems in place to ensure the service was monitored. Minutes of the management meetings showed that maintenance issues were discussed, however there was no evidence of an action plan to ensure these items were being actioned within a set timeframe, or that tracking of maintenance had taken place.

Infection prevention control (IPC) audits such as hand hygiene were taking place however, there was no evidence of auditing taking place of the environmental hygiene or staff practices. Inspectors were informed that the provider was taking steps to address this and was awaiting the introduction of a new electronic auditing tool. This is discussed further under Regulation 23: Governance and Management.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that all staff had completed training in manual handling procedures, safeguarding and fire safety.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements.

Documents were available for review including, directory of residents, residents guide and written policies and procedures and were compliant with the legislative requirements.

## Regulation 15: Staffing

The inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely. There was good supervision of staff on the day of the inspection.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems that were in place did not always ensure that the service provided was safe, appropriate and effectively monitored. For example;

- While there was an auditing system in place, there was no clear action plan documented and outlined to inform a quality improvement plan. For example, there was no evidence in the IPC audits to review the effectiveness of the measures in place to prevent transmission of infection.
- Staff practices of using a quiet room as a break room required review to ensure that all designated spaces are available for residents' use as per the registered statement of purpose.
- There was a lack of assurance in respect of the oversight of maintenance in the centre. While records showed that items in respect of maintenance were discussed, there was no evidence of follow up and it could not always be established if outstanding items had been completed.

Judgment: Substantially compliant

## Regulation 30: Volunteers

The person in charge ensured that individuals involved in the designated centre on a voluntary basis had their roles and responsibilities set out in writing. They received supervision and support, and provided a vetting disclosure in accordance with the



National Vetting Bureau.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included a review process should the complainant be dissatisfied with the outcome of the complaints process.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
Policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available for review, they had all been updated within the last three years.
Judgment: Compliant
<b>Quality and safety</b>
<p>Overall, the findings of this inspection were that residents' health and social care needs were well met, through good access to health care services and residents received person-centred care. However, action was required in relation to premises, temporary absence or discharge of residents and infection control as outlined under the relevant regulations.</p> <p>The inspectors reviewed a sample of care plans and found that each resident had care plans in place and that they were generally detailed. Residents had a comprehensive assessment carried out following their admission to the designated centre, however a delay was noted in one residents' comprehensive assessments which was completed six days after admission. A range of validated assessment tools were used to inform comprehensive assessments.</p> <p>Residents had timely access to general practitioners (GP) from local practices and a physiotherapist was on site every week to provide assessments and treatment to residents. From a sample of residents' care plans reviewed there was evidence of appropriate referral to and review by health and social care professionals, where</p>

required. A sample of residents' mattress settings were reviewed and were found to be in line with their care plans. On one residents' pressure-relieving mattress the dial had fallen off and was on the wrong setting.

Inspectors found gaps in the systems for temporary discharging a resident to a hospital and that transfer documentation was not always used or maintained in the person's file.

The registered provider had allocated an infection prevention control (IPC) link practitioner. Policies and procedures were in place to guide staff on infection control practices. There were confirmed cases of COVID-19 in the centre on the day of the inspection and precautions were generally in place. Generally, some improvement was required in relation to storage and staff practices. This and other findings are further discussed under Regulation 27: Infection control.

Residents spoken with did not report any issues with missing clothing. There was personal storage space in bedrooms and a system in place to ensure that clothing was promptly returned to residents.

This was a large, nicely decorated premises which was laid out to meet the needs of the residents. There were courtyard spaces accessible to residents and a passenger lift was available to facilitate movement between floors. However, improvement was required to ensure that the areas designated for residents were available for use by residents and the oversight of maintenance in the centre also required improvement. This is discussed further under Regulation 17: Premises.

## Regulation 12: Personal possessions

Residents had adequate space to store their belongings and there was continued oversight of the laundry system.

Judgment: Compliant

## Regulation 17: Premises

The registered provider did not ensure that the premises of the designated centre were used at all times in accordance with the statement of purpose, and in line with the condition of the registration. For example:

- Residents' quiet room was being used by staff to store food in one unit.
- The quiet room in another unit was being used as a staff break room, which meant that residents could not access registered communal spaces at all times.

The registered provider did not ensure that the premises conformed to all requirements of Schedule 6 of the regulations; for example:

- Some areas of the centre were not well-maintained, and parts of the centre required painting and repair. For example, there was chipped paint on walls and handrails and broken glass was seen on a hand sanitizer dispenser which created risk of injury to residents, staff and visitors.
- Appropriate ventilation was not in place in all areas of the designated centre and impacted some areas. For example, water stains were seen on walls and floors and the cause of this was unclear; a sluice room had a malodour present.
- Inappropriate storage was identified in some areas of the centre. For example, there were bottles of oxygen stored in a treatment room, some stored insecurely on the floor and others in a wooden unit, posing a fire safety risk.

Judgment: Substantially compliant

#### Regulation 20: Information for residents

The provider maintained a written 'Residents Guide'. It was available to all residents and contained all the requirements of the regulation.

Judgment: Compliant

#### Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed residents' records and saw that where residents were temporarily absent from a designated centre, relevant information about the residents' was not always provided to the receiving designated centre or hospital or held on the residents' file. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharging service, hospital and health and social care professionals.

Judgment: Substantially compliant

#### Regulation 27: Infection control

Improvements were required to ensure that the centre complied with procedures consistent with the *National Standards for Infection Prevention and control in Community Services (2018)*. For example;

- Some items of furniture required repair or replacement as there were breaks in the integrity of the surfaces, which did not facilitate effective cleaning and decontamination. For example, cabinets in the hairdressing room were damaged with exposed medium-density fibreboard (MDF).
- Some rooms observed during the inspection were visibly unclean. For example, an activity room had items of furniture that was not clean and the cleaning schedule indicated that it had not been cleaned within the five days prior to the inspection. Boxes were being stored on the floor in some storage rooms also, which obstructed the effective cleaning of the floor.
- The bath in two of the assisted bathrooms was not included on the cleaning checklist for the room and one bath was visibly unclean.
- A sharps bin in the medication room on Holy Family unit had not been signed as per the policy for traceability purposes.
- A bin which was required for doffing personal protective equipment (PPE), during the outbreak was not provided at the exit of the Larmenier unit.

Judgment: Substantially compliant

#### Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed validated tools were used to assess residents' needs. Care plan reviews were completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

#### Regulation 6: Health care

Residents had good access to GP services. Referrals to allied health professionals were facilitated in a timely manner. The physiotherapist was on site three times per week.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Nazareth House OSV-0000149

Inspection ID: MON-0047077

Date of inspection: 05/06/2025

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"><li>• An integrated Quality Improvement Plan (QIP) template has been introduced and will accompany all audits going forward.</li><li>• All IPC (Infection Prevention and Control) audits will now include a documented review of the effectiveness of current control measures, with assigned actions, timelines, and responsible persons.</li><li>• Monthly audit reviews will be carried out by the Person in Charge and outcomes communicated with all staff.</li><li>•</li></ul> <p>Use of Designated Resident Spaces</p> <ul style="list-style-type: none"><li>• Immediate cessation of staff use of the quiet room as a break area has been implemented.</li><li>• Staff have been reallocated to appropriate break facilities.</li><li>• The Statement of Purpose has been reiterated to all staff, and compliance will be monitored.</li><li>•</li></ul> <p>Maintenance Oversight and Follow-Up</p> <ul style="list-style-type: none"><li>• A new maintenance tracking log has been introduced, detailing all reported issues, dates reported, assigned personnel, and date of completion.</li><li>• Weekly reviews will be conducted by the maintenance lead, with monthly oversight by senior management to ensure timely closure of all items.</li><li>• A summary of outstanding and completed works will be included in management meetings.</li></ul>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The following corrective actions are being implemented to ensure the premises are used in line with the Statement of Purpose and conform to Schedule 6 of the regulations:</p> <ol style="list-style-type: none"> <li>1. Use of Communal Spaces <ul style="list-style-type: none"> <li>o Immediate removal of stored food from the residents' quiet room.</li> <li>o Staff break activities have been relocated to designated staff areas.</li> <li>o All communal rooms have been reinstated for resident use only, and weekly checks are now in place to ensure continued compliance.</li> </ul> </li> <li>2. Maintenance and Repairs <ul style="list-style-type: none"> <li>o A full premises walk-through has been completed and a maintenance plan developed.</li> <li>o Painting and repair work (including chipped paint and damaged handrails) has commenced.</li> <li>o The broken sanitizer unit has been replaced, and safety checks are now part of the daily walk-around.</li> </ul> </li> <li>3. Ventilation and Environmental Quality <ul style="list-style-type: none"> <li>o The source of water stains is being investigated by maintenance and plumbing contractors; repairs will be completed once identified.</li> <li>o The affected sluice room is undergoing a deep clean and a review of ventilation adequacy. Additional ventilation measures will be installed as required.</li> </ul> </li> <li>4. Safe Storage <ul style="list-style-type: none"> <li>o Oxygen cylinders have been removed from the treatment room and are now stored securely in a fire-safe designated area, as per health and safety guidelines.</li> <li>o All storage areas are under review, and a new inventory and risk-assessed storage protocol is being implemented.</li> </ul> </li> </ol>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>Improved Transfer Documentation</p> <ul style="list-style-type: none"> <li>• The Resident Transfer Information Form is in place and is required to be completed and included in all resident files prior to discharge or transfer to another service or hospital.</li> </ul> <p>File Management and Audit</p> <ul style="list-style-type: none"> <li>• Monthly audits of resident files will now include checks for completeness of discharge and return documentation.</li> <li>•</li> </ul> <p>Staff Training</p> <ul style="list-style-type: none"> <li>• Targeted refresher training is being provided to nursing and care staff on discharge planning, documentation protocols, and communication responsibilities with external</li> </ul>	



providers.

Regulation 27: Infection control

Substantially Compliant

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

Furniture Repair and Replacement

- Damaged cabinets in the hairdressing room and other identified items with compromised surfaces will be repaired or replaced within 3 weeks to ensure all surfaces are intact and cleanable.

Cleaning Standards and Schedules

- Cleaning schedules have been updated to include daily checks and sign-offs for all communal and activity rooms.
- Cleaning of the activity room has been prioritised and spot audits will be conducted weekly by housekeeping supervisors.
- Boxes have been removed from floors in storage rooms to enable effective cleaning. Staff have been reminded of appropriate storage practices.

Assisted Bathroom Cleaning

- The assisted bathroom cleaning checklist has been updated to explicitly include baths.
- All baths have been deep cleaned, and compliance will be monitored by supervisory spot checks.

Sharps Bin Traceability

- The sharps bin in Holy Family Unit has now been signed and staff have received refresher guidance on the sharps management policy.
- Random checks will be incorporated into the medication room audits.

PPE Doffing Bin Provision

- A dedicated PPE doffing bin has been placed at the exit of Larmerier Unit.
- All units have been reviewed to ensure proper PPE disposal facilities are in place during outbreaks.

## 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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	01/11/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/10/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	01/11/2025

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	01/10/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	01/10/2025