



# 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:	Fahan, Lifford, Donegal
Type of inspection:	Unannounced
Date of inspection:	05 December 2025
Centre ID:	OSV-0000368
Fieldwork ID:	MON-0048753

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	44
--	----

I

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
Friday 5 December 2025	09:30hrs to 17:15hrs	Nikhil Suresh Kumar	Lead

## What residents told us and what inspectors observed

Overall, the residents' feedback about the care and service received was good. However, the provider's system for ensuring the maintenance of appropriate temperature levels within this centre was inadequate.

The centre is in a single-storey building located on the main link road between Letterkenny and Buncrana. On arrival at the centre, the inspector met with the person in charge. After an introductory meeting, the inspector completed a walk around the centre with the person in charge. The inspector observed residents and staff getting ready for the day ahead.

The centre had a calm, relaxing and welcoming ambience. The inspector spent time in the communal rooms, staff were available throughout the day, and residents were generally well-supervised in communal rooms.

Overall, the centre appeared clean and well organised. However, the provider's systems for monitoring and controlling the centre's climate control systems were inadequate. As a result, it has been observed that some sections of this centre had experienced lower temperatures, a finding that aligns with findings from the inspection carried out in January 2023. The provider was required to take an urgent action, and a satisfactory response was received following the inspection.

Staff interaction with residents was good, and the resident who spoke with the inspector commented that they were happy with the staff and the care provided by them. Some residents commented that the staff were excellent and that the care they received was second to none.

While most residents chose to dine in the main dining room for mealtime, some chose to spend time in their own rooms to have their meals. The inspector observed that the residents' choices regarding where to spend their time were respected, and there was an appropriate number of staff to assist residents with their meals.

Staff were familiar with the residents' needs and supported them to engage in meaningful conversations and various activities on the day of inspection.

Following the last inspection, the registered provider had reduced occupancy in some twin-bedded rooms and had plans to further reduce occupancy in some of the twin-occupancy bedrooms. A restrictive condition was also attached to the centre's registration, and it was observed that, in response to the findings of the previous inspection, the registered provider had plans to further decrease occupancy in additional twin-occupancy bedrooms.

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 oversight of care provided in this centre was good, and it was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being. However, the oversight of the centre's premises and the monitoring processes in place were found to be inadequate.

This unannounced risk inspection was carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated centre for older people) Regulation 2013 (as amended).

The provider of the designated centre is Nazareth Care Ireland, and the provider's senior management team are involved in operating several other designated centres in Ireland. The centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance. Although the provider consistently implemented its quality improvement programs, including clinical audits to review care plans and incidents such as falls, and regularly conducted environmental audits, it did not identify issues with the provider's system for maintaining appropriate temperature levels within this centre. As a result, an urgent compliance plan was requested following the inspection. The provider had submitted satisfactory assurances following this inspection.

Overall, staff who spoke with the inspector demonstrated the knowledge and skills required to carry out their roles. A system was in place to supervise staff, and clinical nurse managers were provided with supernumerary hours to carry out their management and supervisory duties.

## Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas, communicated with staff and residents, and found that the number and skill-mix of staff were sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to mandatory training, such as safeguarding vulnerable adults from abuse, infection control and manual handling. A sample of staff records reviewed on the day of inspection indicated that staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider did ensure that effective management systems were in place to ensure that the service provided to residents is safe, appropriate, consistent and effectively monitored. For instance;

- The centre's oversight mechanisms failed to facilitate the timely repair of damaged windows in two bedrooms, which had remained unaddressed since August 2025. Consequently, one resident reported to the inspector that draught was entering their bedroom despite the window being closed and was directly impacting their comfort, resulting in an unpleasant experience.
- The provider's oversight of the temperature monitoring system was ineffective in addressing temperature issues throughout the facility. The inspector was informed that a staff member conducted weekly temperature checks; yet, observations on the day of inspection indicated the absence of thermometers in several bedrooms and communal areas, and that the issue with the heating had not been identified by the provider. This finding indicated that the existing systems were ineffective for accurately identifying and escalating heating issues in the centre. Additionally, the provider's oversight of the centre's overall climate control strategy lacked responsiveness to real-time temperature data and environmental influences. Staff who spoke with the inspector confirmed that the central heating system of the facility was deactivated between 2:00 AM and 4:00 AM, without accounting for the fluctuating internal temperature conditions within the centre or the external weather variables and this practice could potentially impact the comfort and safety of the residents during this time.

Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed.

Judgment: Not compliant

## Quality and safety

Overall, the inspector found that the care and support received by residents residing in Nazareth House was generally of good quality. However, the provider's system for maintaining adequate temperature in this centre was insufficient.

Overall, care plans were found to be person-centred and sufficiently detailed in order to guide staff in providing good quality care. There was evidence that residents and their families were involved in the care planning process.

Overall, residents were well cared for by a team of dedicated staff. There was evidence that the residents received good quality care and were also supported by timely access to medical and allied health professionals.

The inspectors found that the layout of the centre's twin bedrooms did not effectively support the needs of residents. Although this was a repeat finding from previous inspections, the provider had a plan to reduce occupancy in twin-occupancy bedrooms and to reconfigure some bedrooms.

Residents' meetings were held regularly in this centre, and the records of these meetings indicated that the residents were provided with the opportunity to participate in the organisation of the centre. Residents also had access to independent advocacy services, and information about these services was accessible to residents.

## Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely, while having regard for their well-being, safety and health and that of other residents.

Judgment: Compliant

## Regulation 17: Premises

The centre's premises did not conform to the matters set out in Schedule 6 of the regulation. For example:

- The provider did not ensure that the centre had a heating and ventilation system suitable for residents in all parts of the designated centre, which are used by residents. For example:
  - Several areas of this centre were cold, including the C3 corridors, the passageways leading to the oratory, a conservatory, communal rooms, and three bedrooms. The recorded temperatures in the bedrooms ranged from 12 to 16 degrees Celsius. Furthermore, the inspector noted that the temperature in a communal area, referred to as the quiet room, did not improve, remaining at 16 degrees Celsius during both the morning and afternoon hours. This persistence of low temperatures occurred despite the heating system being fully operational throughout the day. The findings were corroborated by both staff and residents who engaged with the inspector. Some staff commented that some sections of the building remained cold even though the heating system was upgraded. Two residents who spoke with the inspector commented that their rooms were cold and may require additional blankets to keep them warm. Similar issue with heating was found in an inspection in January 2023.
  - The inspector found that the windows in two residents' bedrooms did not prevent draught from entering the rooms, even when closed. Consequently, the residents could not regulate the ventilation and heating in these rooms.

Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Residents had comprehensive assessments carried out on their admission to the centre. Care plans were prepared within 48 hours of admission and were developed in consultation with residents and their families, where required.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to GP services, and GPs attended the centre on a regular basis. Residents had access to allied health professionals such as speech and language, dietician, chiropody, specialist services and community palliative care.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents. All staff had access to safeguarding training, and staff who spoke with the inspector were knowledgeable on how to protect residents from harm and putting their safeguarding training into practice.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff, and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups were on display in the centre.

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 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Nazareth House OSV-0000368

Inspection ID: MON-0048753

Date of inspection: 05/12/2025

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All actions outlined in the compliance plan under Regulation 23(1)(d) – Governance and Management have been fully implemented and are being consistently maintained to ensure effective oversight and sustained compliance. Robust governance systems are now in place, including a formalised Environmental Comfort and Climate Control Policy, strengthened maintenance tracking and oversight, and structured auditing processes. Weekly and monthly reviews of temperature logs and maintenance records are completed in line with established key performance indicators, ensuring timely identification, escalation, and resolution of any issues. Staff have received targeted training, and environmental comfort is embedded within routine governance reporting and feedback mechanisms. These measures ensure that the service is safe, appropriate, consistent, and effectively monitored, with temperatures across the facility maintained within acceptable ranges. As a result, the centre is now operating in compliance with Regulation 23, with clear governance structures supporting ongoing quality improvement and resident comfort.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All actions outlined in the compliance plan under Regulation 17(2) Premises have been fully implemented and continue to be consistently maintained. The centre ensures that internal temperatures across all bedrooms and communal areas remain within the acceptable range, supported by central heating and ongoing monitoring systems. Daily temperature checks, clear escalation protocols, and regular audits are embedded in</p>	

routine practice, ensuring that any deviations are promptly identified and addressed. Completed works, including window remediation and the installation of additional heating sources, together with comprehensive environmental reviews, have resolved previously identified cold spots and draughts. Consequently, the premises are maintained in a safe, comfortable, and fully compliant condition, meeting the requirements of Regulation 17 and Schedule 6, and ensuring residents experience consistent and appropriate thermal comfort at all times.

]

## 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(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.	Not Compliant	Red	10/12/2025
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	Red	10/12/2025