



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:	04 March 2021
Centre ID:	OSV-0000149
Fieldwork ID:	MON-0031863

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. The Sisters developed a new nursing home in 2018. An additional 16 bedrooms were added in 2019 along with a new chapel, hair salon, conference, meeting/training room and activity room. Nazareth house now provides 120 single en-suite bedrooms located across ground, first and second floors. 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. The ethos of Nazareth house is distinguished by the core values of the Sisters of Nazareth which include Justice, Patience, Hospitality, Compassion, Love and Respect.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	103
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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
Thursday 4 March 2021	08:45hrs to 16:45hrs	Fiona Cawley	Lead
Thursday 4 March 2021	08:45hrs to 16:45hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. There were 103 residents accommodated in the centre on the day of the inspection and 17 vacancies.

The inspectors observed a relaxed, calm atmosphere in the centre. Residents were being assisted and supported by kind, caring staff. The overall feedback from the residents who spoke with the inspectors was that they were very well cared for by staff who knew them well. Residents said that staff provided them with the help and support they needed to spend their days as they wished. Inspectors also spoke with two visitors on the day who both said they were satisfied with the care received by their loved ones in the centre.

Inspectors spoke with twelve residents across the five units who were all very happy with the care, felt well looked after and were happy living in the centre. One resident told the inspectors that they felt lucky to be there as the care was a step above excellent and the centre was like a five star hotel with excellent staff. The same resident had said mass on the same day for the residents and was very glad to be able to do so. Another resident who had recovered from COVID-19 told inspectors that they liked living in the centre and were not lonely. He told the inspectors that the staff were very good and explained what was going on in the wider community with the COVID-19 pandemic.

The designated centre was a purpose built three storey facility with a large car park attached. The centre is made of up five units, Brook Green 1 and 2, Gahan, Holy Family and Larmenier. Lift access provided safe transport between each floor. The inspectors found the building to be well laid out to meet the needs of the residents. For example, the sectioning into smaller units helped ensure that residents were better able to orientate themselves to their own environment and the staff who were caring for them.

Accommodation consisted of all single ensuite bedrooms and each unit had a number of communal areas.

There was good signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Residents who spoke with the inspectors were aware of the need for hand hygiene and social distancing to keep themselves safe.

The premises was modern and decorated to a high standard throughout and it was evident that great efforts were made by staff to create and promote a homely environment for the residents. The communal areas were tastefully decorated and laid out to facilitate the needs of the residents. Sitting and dining rooms were arranged to facilitate social distancing whilst maintaining the social feel of these

communal spaces. The corridors were wide, bright with hand rails in place along the walls to assist residents to walk independently and safely where possible. All areas of the centre were wheelchair accessible. The centre was warm throughout and well ventilated.

The centre also had a chapel on site with beautiful stained glass windows which provided a calm, peaceful space which was used by the residents on the day of the inspection. Mass was celebrated daily for the residents. The seating had been reconfigured to allow for social distancing which limited the number of residents who could attend the service. Inspectors were informed that this meant that the service was limited to residents from one floor attending mass each day.

Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way. Residents spoke positively about the staff. Call bells were observed to be attended to in a timely manner. Staff who spoke with inspectors were knowledgeable about the residents and their needs.

On the day of the inspection, the inspectors observed care staff engage in positive interactions with the residents. A group exercise class took place in Gahan unit led by a member of care staff whilst other staff were seen to be reading and chatting with residents in the sitting rooms and bedrooms. One resident told the inspectors he was entertaining himself during lockdown using the internet and that staff were supporting him to do so. Staff were also seen accompanying residents outdoors in the garden area.

The inspectors were informed about other initiatives in place which included the 'Nazareth News' newsletter and live messages broadcast via the internal television system to resident rooms. Staff told the inspectors that there was a plan to do the 'Jeruselema Challenge' which the residents wanted to be part of. Residents were provided with opportunities to participate in recreational activities of their choice and ability either in the communal sitting rooms or their own bedrooms. A schedule of activity was available, co-ordinated by two Activity Co-ordinators. A third Activity Co-ordinator was on long term leave which meant that not all residents had access to scheduled activities every day.

Residents had unlimited access to television, radio, internet and newspapers and also telephone for private use. There were arrangements in place to support residents' to maintain contact with their relatives. Residents who spoke with the inspectors told them that they were able to call the families and friends at any time. Window visits were in place daily from 11am.

The residents had access to a number of safe, accessible, enclosed garden areas which were nicely landscaped and decorated with seasonal plants, garden furniture and statues. The design was person-centred with a number of features such as a phone box, a post box, a bus stop and a pond which provided a lovely village type feel to the grounds. The PIC informed the inspectors that residents had unrestricted access to all these areas. Some residents mobilised freely to and from the garden throughout the day. Others were observed to enjoy the view of the outdoor space from their rooms and communal spaces.

Throughout the day residents were observed moving freely throughout the centre. Many residents sat together in the sitting rooms watching TV, reading, chatting to one another and with staff. A number of residents were watching a movie together in one of the sitting rooms. Other residents chose to remain in their own rooms, preferring to spend time on their own reading, using iPads or enjoying quiet time. One resident, who was non-verbal, was observed to be actively and contentedly watching all the activity around them in the sitting room. It was evident that residents were supported by the staff to spend the day as they wished. Residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff throughout the day.

The lunchtime period was observed by the inspectors. Food was freshly prepared in the centre's own kitchen and served hot in the dining rooms or wherever the residents chose to take their meals. The inspectors saw that the meals served were well presented and there was a good choice of nutritious meals available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. The atmosphere was calm and relaxing and residents were complimentary about the food in the centre. One resident told the inspectors he enjoyed the food, there was plenty of it and he got what he liked. A choice of refreshments was available to the residents throughout the day. Staff members and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful.

The centre had recently experienced a second significant outbreak of COVID-19 sadly resulting in eleven deaths of residents. The person in charge had worked closely with local public health professionals and Health Service Executive (HSE) whilst implementing the centre's COVID-19 contingency plan to ensure the outbreak was managed in line with all recommended guidance. The outbreak had a significant impact on the staff who were sad at the loss of their residents and were aware of the impact of the pandemic and resulting restrictions had on their residents. Staff who spoke with the inspectors described the team as 'amazing' and one staff member referred to the staff as being 'like a family'. The person in charge provided support to the staff and external support was also available from the HSE.

There was one resident in isolation following return from hospital which was in line with the current guidance (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities). All recommended measures were in place and staff were observed donning and doffing personal protective equipment appropriately and correctly when caring for this resident.

Overall the centre was clean and well maintained but there were a number of areas observed by the inspectors that required attention. For instance, vacant rooms were not cleaned to an acceptable standard with some rooms containing resident items of clothing and toiletries. Cleaning schedules were in place for equipment and environment but these were not up to date. The inspectors were not assured that the housekeeping staff were clear about the cleaning processes in place in the centre. The centre had recently employed a housekeeping supervisor who was

working as a cleaner at the time of the inspection. As a result there was not sufficient supervision of housekeeping practices.

There was one resident receiving end of life care on the day of the inspection. Staff ensured that care was provided in a calm and tranquil setting. Inspectors were assured that there was someone with this resident at all times as was their wish.

The next two sections of this report present the inspection findings in relation to governance and management in the centre and how this affects the quality and safety of the care and services that the residents receive.

Capacity and capability

The management structure had gone through significant changes in the last twelve months which had also been a challenging time for the centre as it experienced two outbreaks of COVID-19. There was a new person in charge in place since 12th October 2020 and was supported in the role by the Chief Nursing Officer for the Sisters of Nazareth.

The inspectors found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. There was a clearly defined management structure in place with identified lines of authority and accountability. However, some improvements were required to ensure the management systems in place were effective in monitoring and providing safe care.

The person in charge demonstrated a clear understanding of her role and responsibility and was a visible presence in the centre. The person in charge was supported in the role by an assistant director of nursing and four clinical nurse managers. There was an on call out-of-hours system in place that provided management advice if required.

Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection. Staff had the required skills, competencies and experience to fulfil their roles. However, when the inspectors interviewed housekeeping staff there was a lack of clarity on some of the housekeeping processes. The housekeeping supervisor required dedicated time to fulfil this role and provide the required monitoring and supervision. This was not in place on the day of the inspection.

Staff had access to education and training appropriate to their role. There were, however, gaps in staff attendance in mandatory training sessions. The person in charge had identified the need for some staff to attend updates and arranged dates for this training to be completed.

The person in charge, assistant director of nursing and clinical nurse managers

provided clinical supervision and support to the clinical staff.

Staff were aware of the regulations, standards and up to date guidance relevant to the service and copies of these were readily available. The management team had developed an Intranet for staff to use in the centre. This was a useful resource for staff to keep up to date with policies and guidance relevant to their roles. Resources included policies, best practice guidance and literature and COVID-19 resources.

There was a preparedness plan in the event of an outbreak of COVID-19 in the centre which provided clear guidance to staff.

The person in charge carried out a comprehensive annual review of the quality and safety of care in 2020. A range of audits were carried out which reviewed practices such as antibiotic usage, pain management, psychotropic medication usage, falls management, wound management.

There was evidence of regular staff meetings and updates in relation to the current pandemic. Resident meetings were also facilitated and the minutes reviewed showed good attendance. Action plans were developed following meetings where service improvement were required.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience in the care of older persons and worked full-time in the centre. She was suitably qualified for the role with the required authority, accountability and responsibility for the centre. She had the overall clinical oversight for the delivery of health and social care to the residents and she displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

The centre had sufficient staff with an appropriate skill mix on duty to meet the assessed needs of the residents and the design and layout of the centre on the day

of the inspection. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Overall staff had access to training appropriate to their role. This included mandatory training in key areas such as fire safety, Infection Prevention and Control (IPC) and Safeguarding Vulnerable Adults. However, some housekeeping staff were not clear about the enhanced cleaning procedures and the type of cleaning products that were required.

In addition, some gaps were identified in Fire Safety training, Manual Handling, Safeguarding Vulnerable Adults and Infection Control training. Infection Control training was ongoing and the person in charge had identified dates for completion of all remaining outstanding training. Fire Safety training was taking place on the day of the inspection.

Overall staff were supported and supervised in their work. However, the housekeeping team did not have adequate supervision in place and there were no dedicated supervisory hours on the day of the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre was well managed and found to have sufficient resources to meet the assessed needs of the residents.

The inspectors found that there was a good management structure in place in the centre with clearly identified roles and responsibilities. Whilst the management team had systems in place to monitor and evaluate the quality and safety of most of the service, the oversight of housekeeping systems did not ensure the service was delivered to the required standards. For example on the day of the inspection the housekeeping supervisor was working as a cleaner and was not working in their supervisory role. As a result, the quality of housekeeping practices was not monitored that day and the inspectors found that housekeeping practices in some areas did not meet the required standards.

The Annual Report reviewed by the inspectors provided a comprehensive review of

the service for 2020. It included a review of the impact of COVID-19 on the centre and lessons learnt. A service improvement plan for 2021 was in place. Residents' feedback was used to change/improve practices.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place in the centre. There was a recording system in place where all complaints were logged. The inspectors found evidence that complaints were investigated, resolved and complainants communicated with. Investigations included learning from the incidents and taking steps to prevent such complaints in future.

Management of resident feedback was informed by 'Your service, your say' document which was adapted for the centre.

Judgment: Compliant

Quality and safety

Overall the inspectors found the care and support provided to the residents of this centre to be of a good standard. As a result residents enjoyed a good quality of life in which their rights were upheld and their independence was promoted. However, inspectors found that some improvements were required in infection prevention and control procedures. This is discussed further under Regulation 27.

Care was person centred and residents were assisted and supported to live as independently as possible. There were opportunities for residents to consult with management and staff and resident feedback was acted upon. Residents were observed to be well groomed and dressed appropriately. Residents' healthcare needs were being met and there was access to medical care on a regular basis. Specialist health and social care services were available to residents when required.

Residents who were approaching the end of their life received appropriate care and support to meet their physical, emotional, spiritual and psychological needs. There was access to community palliative care specialist, gerontology and psychiatry of old age. Anticipatory prescribing was in place to ensure residents were symptom free

and comfortable at all times.

The centre had a comprehensive policy and procedure in place to guide staff on meeting the needs of residents with responsive behaviours (how people with dementia or other conditions may communicate or express physical discomfort). Staff knew the residents well and were able to tell the inspectors what might trigger a resident's responsive behaviour. Staff were able to offer appropriate support and reassurance if a resident became distressed or agitated.

Residents who met with the inspectors spoke positively about the care and support they received from staff and confirmed their experience of living in the centre was positive.

Communal areas and dining areas were suitably furnished and decorated to provide a welcoming, homely environment. There were appropriate arrangements in place to facilitate social distancing and residents who spoke with the inspectors understood the reasons for those precautions.

Resident accommodation was personalised with adequate storage space available for personal items. The premises was laid out to meet the needs of the residents and to encourage and aid independence, and many residents were observed mobilising freely throughout the centre.

The inspectors found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There were staff available to support residents in their recreation of choice.

There was evidence that staff were very familiar with the residents and their preferences. Inspectors observed positive interactions between staff and residents throughout the inspection. Appropriate social distancing was in place in the communal areas without detracting from the overall person-centred approach of the centre.

Staff had attended training in Safeguarding Vulnerable Adults. Those staff spoken with were knowledgeable in identifying potential abuse and the correct procedures for reporting and acting on allegations of abuse.

The centre aimed to promote a restraint free environment in line with national policy. There was a low level use of restrictive practices such as bed rails.

Visiting arrangements were in place in line with current government guidance and residents confirmed with inspectors that they were happy with and understood the restrictions in place. Residents were also provided with access to the telephone and video calls. Radio, television and newspapers were provided. The person in charge communicated with all residents and relatives once a week to update them on the service during the current restrictions.

The centre had a number of areas on each floor that provided adequate space and shelving for storage of equipment and supplies. The inspectors noted that these areas were cluttered and untidy. In addition, improvements were required in relation

to the segregation of clean and dirty items and cleaning of equipment. At the end of the inspection the inspectors were assured that the person in charge had a plan in place to promptly address these issues.

The centre had a comprehensive COVID-19 contingency plan in place which included the latest guidance from Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities)

The person in charge was the identified infection control lead for the centre. COVID-19 and Infection Prevention and Control was discussed each day with staff and was a recurring agenda item at the weekly governance meeting. As a result, staff were aware of their responsibility to keep residents safe through good infection prevention and control policies.

Regulation 13: End of life

Residents who were approaching the end of their life received appropriate care and support to meet their physical, emotional, spiritual and psychological needs. There was access to community palliative care specialist, gerontology and psychiatry of old age. Anticipatory prescribing was in place to ensure residents were symptom free and comfortable at all times.

On the day of the inspection there was one resident living in the centre who was approaching end of life. The inspectors reviewed the care plan for this resident which outlined clearly the decisions the resident had made in relation to their final days. Staff were respectful, kind and ensured the resident was comfortable and not left on their own at any time. Compassionate visits were facilitated with appropriate infection control measures in place.

The inspectors also reviewed a sample of recently deceased residents' care records and found very detailed end of life plans which contained person centred information regarding the residents' wishes and preferences.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which

included the required elements as set out in Regulation 26 (1). An up to date safety statement was also available.

There was a risk register maintained which identified risks in the centre including COVID-19 and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

There was an up to date emergency plan which included a comprehensive COVID - 19 contingency plan with controls identified in line with public health guidance. There was an identified isolation area in the centre and protocols for active monitoring of staff and residents for early signs and symptoms of the COVID-19

Judgment: Compliant

Regulation 27: Infection control

Overall the centre was clean, well presented and well maintained. However, on the day of the inspection the inspectors identified a number of areas for improvement;

- Storage areas were cluttered and untidy with many items stored on floors and not on available shelving.
- Vacant resident rooms were not terminally cleaned.
- There was lack of segregation of clean and dirty equipment.
- Housekeeping staff were unclear of the cleaning process in the centre.
- Cleaning checklists for environment and equipment were not up to date.
- Items of equipment not fit for purpose had not been removed from use.
- Some items of staff's personal belongings were stored in the sluice area.
- Lack of appropriate dispensers for paper hand towels in bathrooms created a risk of cross contamination.
- Lack of appropriate dispenser for disposable PPE created a risk of cross contamination.
- Two members of staff were observed to be wearing face masks incorrectly. This was not identified and addressed by senior staff on the day.

The person in charge informed inspectors that Legionella analysis was carried out in December 2020 and not detected.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident had a detailed care plan in place which was developed following a

comprehensive assessment of their needs. Residents were assessed prior to admission to the centre to ensure the service could meet their needs. Following admission a range of validated assessment tools were used to develop individual plans. These plans were person centred and contained the required information to guide care delivery to ensure the residents' current needs and preferences were met. Care plans were reviewed and updated every four months or as changes occurred. Consultation with the residents and family, where appropriate, was documented regularly. The daily nursing records were comprehensive and demonstrated good monitoring of the residents needs and their response to any interventions such as wound management.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that residents received high standards of evidence based nursing care.

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required. Residents also had access to a range of allied healthcare professionals such as dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and palliative care. Dental and optician services were also provided as required. Residents had access to an out of hours GP service which was available 24 hours a day.

Residents were monitored closely for signs and symptoms of COVID-19 and had their temperatures recorded which was in line with guidance from Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities).

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre had a comprehensive policy and procedure in place to guide staff on meeting the needs of residents with responsive behaviours (how people with dementia or other conditions may communicate or express physical discomfort).

The inspectors reviewed the care plan for one resident with responsive behaviours. A detailed, person centred plan was in place which described the behaviours, potential triggers for such behaviours and it identified strategies to guide staff to help the resident feel less distressed. Regular review by psychiatry of old was also in place to support this management plan.

There were a number of residents who requested the use of bedrails. Resident records contained evidence of appropriate risk assessments being carried out prior to use. Alternative options that were considered were documented. A record of all bed rails in use was maintained and risk assessments were reviewed on a regular basis to ensure usage remained appropriate.

Judgment: Compliant

Regulation 8: Protection

The centre had good policies and procedures in place to protect the residents from abuse and provided training on Safeguarding Vulnerable adults to staff . Staff spoken with were knowledgeable in recognising and responding to all forms of abuse. Any allegations of abuse were reported, screened, investigated and responded to in a timely manner. Allegations of abuse were notified to the Chief Inspector in line with the regulations and local policy.

The inspectors followed up on an allegation of abuse that had been reported to the chief inspector. The centre had followed their internal policy and had completed an investigation. The inspectors observed that all appropriate and reasonable measures had been taken to protect residents.

Residents told the inspectors that they felt safe in the centre.

Garda vetting was in place for all staff employed in the centre

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors saw that the residents' privacy and dignity was respected. Residents told the inspectors they were well looked after and that they had a choice about how they spent their day.

Residents had opportunities to participate in meetings where they were able to share their views of the centre. The centre had access to an advocacy service and

this was publicized throughout the building.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially 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 OSV-0000149

Inspection ID: MON-0031863

Date of inspection: 04/03/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The gaps identified in Fire Safety training, Manual Handling, Safeguarding Vulnerable Adults and Infection Control training were largely due to the suspension of training during the COVID 19 outbreak.</p> <p>A training needs analysis was completed for all staff members and where deficits were identified - a scheduled training plan was put in place for those staff. Staff are continuously encouraged to complete training on HSELand and to attend supplementary in-house training especially in relation to Infection Prevention and Control.</p> <p>Additional training will be provided for Housekeeping Staff to ensure they adhere to the Nazareth House policies and procedures. Supervision of housekeeping staff had been identified as a service requirement and a cleaning supervisor had only been appointed prior to the inspection. Their role is being further developed with additional protocols put in place to ensure the housekeeping service is adequately supervised.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A full oversight of housekeeping systems is now in place with the appointment of a housekeeping supervisor, who is supernumery, to ensure the service is delivered to the required standards. Regular audits will monitor the quality of housekeeping practices and form part of the management reviews..</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The following actions have been taken in relation to the areas highlighted by the inspectors:</p> <ul style="list-style-type: none">• All storage areas have been decluttered and shelving installed.• All vacant resident rooms have been terminally cleaned.• Clean and dirty equipment is now segregated.• Housekeeping staff have been trained on the cleaning process in the centre.• Cleaning checklists for the environment and equipment are now up to date.• Staff's personal belongings are stored in the staff rooms..• Appropriate dispensers for paper hand towels in bathrooms are now insrtalled.• Appropriate dispensers for disposable PPE are installed. <p>Continuous reminders and greater observance of staff to be wearing face masks correctly is enhanced</p>	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/04/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	23/05/2021
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	Substantially Compliant	Yellow	30/04/2021

	implemented by staff.			
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