



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

Issued by the Chief Inspector

Name of designated centre:	Nazareth House Nursing Home Sligo
Name of provider:	Nazareth House Management
Address of centre:	Church Hill, Sligo Town, Sligo
Type of inspection:	Unannounced
Date of inspection:	10 March 2022
Centre ID:	OSV-0000369
Fieldwork ID:	MON-0034826

About the designated centre

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

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

In the statement of purpose the provider describes the service as aiming to provide a high standard of compassionate, dignified person centred care in accordance with evidence based best practice. The staff seek to develop, maintain and maximise the full potential of each resident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63
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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 10 March 2022	10:00hrs to 16:50hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents enjoyed a good standard of care and support in the centre. The residents who spoke with the inspector were complimentary about the care provided in the centre, and a number of residents commented that the centre was a lovely place to live.

Some residents' comments were that 'this is a quiet place and I feel relaxed in here, the food is great, and there are a lot of choices available, staff are great in this place.' However, two residents who spoke with the inspector said that they sometimes felt bored in the centre.

On arrival, a staff member guided the inspector through the infection prevention and control measures necessary before entering the centre and residents' accommodation. This included a signing in process, hand hygiene and an electronic temperature check. There were spacious sitting areas for visitors and residents near the reception.

Following an introductory meeting, the person in charge accompanied the inspector for a walk around the centre. The inspector observed that the centre had a relaxed atmosphere and was homely. The centre had four units on different floors of the building, and each floor had a communal and dining area. There were sufficient seating arrangements in these areas for the residents to spend their time socialising with each other.

An activities schedule was available in the centre, and this was managed by a dedicated activities staff. However, they were unavailable on the day of inspection due to staff training, and a student was allocated to support 63 residents in their social care activities. The arrangements to support and supervise the student were insufficient on the day of inspection, and the inspector noted that on the day several residents did not have the opportunity to participate in activities in line with their interests. In addition the roster reviewed by the inspector showed that only one staff was available to support 63 residents with their meaningful activities on a number of days.

The residents had access to television and radio and some residents were seen enjoying watching or listening to local and national news items. Residents had access to safe outdoor areas and residents were observed to be independently accessing the different areas of the building including outdoor spaces.

There was adequate natural and artificial lighting throughout the centre. The bedrooms of residents were personalised and had sufficient space for personal belongings. The inspector observed that the centre was generally well maintained and clutter-free. The clinical equipment was appropriately and securely stored in the centre on the day of the inspection. There were call-bells available in bedrooms and

toilets to assist residents in seeking staff assistance if required.

The residents who spoke with the inspector were happy about visiting arrangements of the centre. Indoor visits were promoted and were arranged according to the current national guidelines. The inspector observed that the staff knocked and waited for permission from the residents before entering their bedrooms, and that staff respected residents' privacy when they wanted to speak with visitors in private.

Meals served to residents were wholesome and nutritious. Many residents preferred to stay in their own room for their meals, and this was respected by staff. Staff supported those residents who needed assistance with their meals in a discreet and respectful manner. However, the inspector noted that the nurses were not always present in one of the dining rooms for a significant period of time when the residents were eating their meals, and this arrangement did not ensure staff were appropriately supervised when assisting residents during mealtimes.

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 inspector found that the centre was well-managed and that the residents in the centre received good quality care and services in line with the centre's statement of purpose.

This risk-based short announced 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 inspector reviewed the actions from the compliance plans of the last inspection, the information submitted by the provider and the person in charge, and other information.

The provider of the designated centre is the Sisters of Nazareth, and the provider is 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.

There was a well-established nursing team in the centre, and the person in charge was supported in their role by clinical nurse managers and nurses. However, the oversight arrangements on the day of inspection were not sufficient to ensure that the staff were always appropriately supervised in their work. In addition, the inspector was not assured that when the dedicated activity staff was not available in the centre, appropriate arrangements were made for all residents to access meaningful activities in line with their preferences and abilities.

The inspector noted that some staff were not up to date with their mandatory

training such as safeguarding and fire safety. The person in charge informed the inspector that the scheduled training had been cancelled due to a COVID- 19 outbreak, and that the training program was now reinstated.

In addition, the centre's training and development policy was not sufficiently detailed and did not include the centre's mandatory training requirements.

Furthermore, while the centre had a complaints policy and complaints procedures, the person in charge was responsible for investigating the complaint and was also responsible for overseeing the complaint process, and this was not in line with the regulatory requirement.

Regulation 15: Staffing

Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff. Although the designated centre had sufficient staff for the effective delivery of care, the allocation of resources requires review to ensure that the activities provided to the residents were always in line with the needs of the residents and their preferences and capacities.

Judgment: Compliant

Regulation 16: Training and staff development

Some staff had not completed their mandatory safeguarding training updates and were overdue on the day of inspection.

In addition, the staff who was allocated for activities on the day of the inspection was a student, and they had not completed appropriate training to ensure that they have the required knowledge and skills to provide activities for residents with dementia.

The inspector noted that the staff who assisted the residents on modified diets were not appropriately supervised by the nurses in one of the dining rooms during the residents' meal time.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had maintained a directory of residents, which was up to

date and contained the information required in Schedule 3 of the regulations.
Judgment: Compliant
Regulation 21: Records
The inspector noted that the records mentioned under Schedule 2 and Schedule 3 of the Regulation were generally well maintained in the centre.
Judgment: Compliant
Regulation 23: Governance and management
There was a clearly defined management structure in the centre, and the centre had a well-managed service. The centre had its annual review completed for 2021, and there was a quality assurance programme in place that effectively monitored the quality and safety of the service.
Judgment: Compliant
Regulation 34: Complaints procedure
The inspectors noted that the centre's complaint procedure did not meet the regulatory requirement and did not support effective complaint management. For instance, the nominated person to deal with the complaint and to oversee the complaint process of the centre were the same person.
Judgment: Substantially compliant
Regulation 4: Written policies and procedures
The centre's training and development policy had not detailed the list of mandatory and ongoing training that all the staff were required to complete.
Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteer working in the centre on the day of inspection.

Judgment: Compliant

Quality and safety

The inspector found that the residents were generally happy and satisfied with the care provided in the centre and that the nursing care provided to the residents was of good quality. However, the allocation of staff on the day of inspection did not ensure that all the residents received opportunities to engage in activities that were in line with their interests and capabilities.

The inspector reviewed a sample of care plans and noted that each resident had a care plan in place. However, the inspector noted that the care plans were not sufficiently reviewed and did not provide information about the current needs of the residents. As a result, the care plans did not always provide clear and up to date information for staff providing the care for the residents.

Residents' meetings were held regularly in the centre, and the residents were consulted to participate in the organisation of the centre. An annual review was carried out in the centre and was made available to the residents. The residents had access to advocacy services, and the provider, together with the person in charge, was committed to promoting the residents' independence in the centre.

COVID -19 contingency plans were regularly updated in the centre, and the staff who spoke with the inspector were found to be knowledgeable about the current infection prevention and control guidance. The staff changing facilities in the centre were well maintained, and staff had access to sufficient personal protective equipment.

Regulation 11: Visits

Indoor visiting for residents by their families were resumed, and they were in line with the Health Protection and Surveillance Centre (HPSC) guidance for long term residential care facilities. There were arrangements in place to ensure that visiting did not compromise residents' safety and that all visitors continued to have screening for COVID-19 infection completed in addition to completion of infection prevention and control procedures.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

On the day of inspection, the inspector noted that the premises and layout of the designated centre were appropriate to the number and needs of the residents.

Judgment: Compliant

Regulation 26: Risk management

A centre-specific risk management policy, a risk register and risk management procedures were in place. The risk register included assessment and review processes for identifying and managing risks.

Judgment: Compliant

Regulation 27: Infection control

The inspector noted that one clinical hand wash basin was inaccessible for staff in one unit of the centre, and as a result, staff could not always perform effective hand hygiene. The bin was moved from this location on the day of inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector noted that adequate arrangements were in place on the day of inspection for maintaining all means of escape and building services. The inspector noted that the precautions against the risk of fire on the day of the inspection were adequate.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors noted that the residents' care needs had not been accurately reflected in some residents' care plans. For example:

- Meaningful activities care plan of some residents were not sufficiently developed
- One resident's current mobility needs were not accurately reflected in their care plan.
- Some residents with a history of urosepsis and anaemia did not have an appropriate care plan in place to ensure the residents received the most appropriate care to monitor potential signs of recurrence and implement the interventions required to reduce the risk of a recurrence.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to general practitioners (GPs) from local practice, specialist medical and nursing services, including psychiatry of older age, community palliative care and tissue viability specialists as necessary. Allied health professionals provided timely assessment and support for residents as appropriate. Residents were supported to attend out-patient appointments in line with public health guidance.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff who spoke with the inspector were knowledgeable about how to react positively to residents who may display responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records showed that where

restraints were used, these were implemented following risk assessments, and alternatives were trialled prior to use.

Judgment: Compliant

Regulation 8: Protection

Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place. Residents who spoke with the inspector confirmed that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were not always facilitated to participate in activities in accordance with their interests and capacities. For example, several residents stayed in their bedrooms and did not participate in the activities that were on offer on the day. The residents' social care plans reviewed by the inspector did not provide sufficient detail to inform staff whether or not this was the residents choice and what were the residents' preferred activities and levels of social interactions.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Nazareth House Nursing Home Sligo OSV-0000369

Inspection ID: MON-0034826

Date of inspection: 10/03/2022

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 Registered Provider will come into compliance with Regulation 16, Training and staff development by:</p> <ul style="list-style-type: none"> • Ensuring all staff have completed their mandatory safeguarding training updates; • Ensuring that staff who are providing activities have completed appropriate training to ensure that they have the required knowledge and skills to provide activities for residents with dementia; and • Ensuring staff who assist residents on modified diets are appropriately supervised by the nurses in the dining rooms during residents' meal times. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Registered Provider has come into compliance with Regulation 34, Complaints by; The submission to the Inspector of an amended 'Management of Resident Feedback Policy' following the Inspection which details the governance and management oversight arrangements for Complaints Management.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Registered Provider has come into compliance with Regulation 4, Written policies and procedures by:</p> <ul style="list-style-type: none"> • Updating the Centre’s training and development policy detailing the list of mandatory and ongoing training that all the staff are required to complete; and <p>This updated policy has been forwarded to the Inspector, following the Inspection.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The Registered Provider will come into compliance with Regulation 5, Individual assessment and care plan by:</p> <ul style="list-style-type: none"> • Ensuring meaningful activities care plan for residents are developed and maintained; • Ensuring the resident's current mobility needs are accurately reflected in the resident's care plan; and • Ensuring residents with a history of urosepsis and anemia have an appropriate care plan developed to ensure the resident receives the most appropriate care. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Registered Provider will come into compliance with Regulation 9, Residents' rights by:</p> <p>Ensuring all residents have opportunities to participate in the Centre’s group and one to one activities;</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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2022
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.	Substantially Compliant	Yellow	11/03/2022
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person	Substantially Compliant	Yellow	11/03/2022

	nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.			
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	11/03/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	11/03/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Substantially Compliant	Yellow	30/06/2022

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/06/2022