



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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: | 13 January 2021 |
| Centre ID: | OSV-0000369 |
| Fieldwork ID: | MON-0031660 |

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: | 62 |
|--|----|

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|------------------------------|-------------------------|------------------|------|
| Wednesday 13 January 2021 | 10:00hrs to 16:30hrs | Geraldine Jolley | Lead |

What residents told us and what inspectors observed

Residents described the centre as a good place to live and told the inspector that staff were very kind and cared for them well. Several residents described how staff ensured their individual choices and wishes were met. They said that staff respected their preferred daily routines and choices. They gave examples that included being able to get up and go to bed when they wished, having food served in their rooms and having the flexibility to change their minds about decisions they make.

The inspector spoke with eight residents throughout the day. While some found the visitor restrictions difficult at times all residents said that staff had made considerable efforts to ensure that they had regular contact with relatives and friends. They said that as time had gone on staff had revised the visiting arrangements to maximise the contact they could have and described the visiting rooms on the ground floor as a great development. They said they were kept up to date with the changes in arrangements by staff and that a weekly newsletter was also circulated so that they had information to refer to when needed. Staff were described as "patient", "kind", "always available" and "good humoured". Residents were happy with the length of time it took staff to answer their call bells and said they were very prompt. Residents were satisfied with the timing of meals, the food served and the choices provided each day.

Residents described the pandemic as "very worrying and a big problem for everyone" and some said that the changes that were made left them feeling sad even though they understood there were restrictions everywhere. All residents the inspector talked with said they knew that the measures taken were for their protection and to limit the spread of the virus. Three residents described how they had become familiar with technology they previously knew nothing about and said that the video technology had been a real bonus as they could see family and friends who could not visit.

Residents described how they spent their day. The majority of residents were up and using the communal areas to watch television, have meals and to take part in activities. The inspector observed that there was adequate space for social distancing. Residents told the inspector that they had regular activities that included games, crafts and discussions that kept them entertained.

The inspector observed resident and staff engagement during the day and saw that staff engaged positively with residents at all times. There were examples of friendly, cheerful conversations and also appropriate reassurance when residents were concerned or had queries. The inspector observed that staff were responsive and reacted promptly when residents needed attention. The inspector observed a resident with dementia being reassured in a positive and meaningful way that was calming when unsure of her whereabouts. The inspector saw that the staff team were well organised and carried out their duties appropriately and professionally.

The centre had a COVID-19 management plan and residents were aware of changes that had been put in place as part of the infection control procedures. They knew why staff were wearing masks every day and were aware of the public health advice on maintaining social distance and handwashing. They were also aware of that a vaccine for COVID-19 was available and that this was due to be administered in the centre shortly. Residents said that this had been discussed with them and several said they were pleased that there was some hope the virus could be controlled.

The findings of this inspection were that the centre was providing a good standard of care and a quality of life that residents enjoyed. The health needs of residents were assessed and reviewed regularly and there was good access to allied health professionals when specialist advice was needed. The inspector reviewed 17 regulations and found they were all compliant except for fire precautions which was assessed as substantially compliant.

Capacity and capability

The centre is operated by Nazareth House Management and the management structure is comprised of the person in charge who is supported by two clinical nurse managers. Oversight of the service is provided by the Chief Nursing Officer who visits the centre every 2-3 weeks. In addition the provider representative had established a good communication network with weekly Zoom meetings for the persons in charge of all the organisation's centres. Records of these meetings conveyed that learning from events was shared, contingency plans for COVID-19 outbreaks were discussed as well as other relevant business issues.

This inspection was unannounced and undertaken as part of the ongoing monitoring of the centre and to review contingency arrangements including infection prevention and control measures in light of the ongoing COVID-19 pandemic. The full management team was on site during the inspection and the Chief Nursing Officer was undertaking one of his regular visits. The staff team as outlined on the rota and described in the statement of purpose was on duty. The roles, responsibilities of staff and lines of authority were clear and transparent. The person in charge held staff meetings regularly to discuss operational matters and clinical issues.

The inspector found that staff displayed good knowledge of the national infection prevention and Health Protection Surveillance Centre guidance. The person in charge had completed HIQA's Self-assessment Tool and the Preparedness planning and Infection prevention and control assurance framework for registered providers. The centre had a range of COVID-19 related information and the up to date guidance documents on the management of a COVID-19 outbreak. Staff were aware of the notifications to be made to the public health team and to the office of the Chief Inspector. There was an audit schedule in place and aspects of care practice and key management indicators were reviewed regularly. The inspector

saw that care plans, falls, infection control measures and restraint use were reviewed regularly and the outcomes were analysed and used to sustain and improve the quality of care. As an example, a falls review showed that where a resident had repeated falls varied prevention measures had been put in place resulting in a good outcome for the resident as there had been no falls in recent months. There was an evidenced based falls prevention programme in place that identified residents' vulnerability to falls and alerted staff on the precautions to take and where extra supervision and support was required.

At the time of inspection there was no COVID-19 outbreak in the centre. Residents admitted from acute settings or the community were isolated for the required period of 14 days to assess for symptoms and prevent infection spread if symptoms developed. A vacancy factor was being maintained to ensure that there was scope to isolate residents in the event of an outbreak. The management team had developed good working relationships with the primary care teams and public health staff and had good access to advice and guidance when this was required.

The inspector reviewed how the non-compliances found during the last regulation inspection of the centre in February 2019 had been addressed. All areas identified for attention had been completed. The inspector found from discussions with residents and staff that the centre provided a service that met residents needs well and that was well managed and organised effectively.

Regulation 14: Persons in charge

The person in charge has been in role since 2018 and is appropriately qualified and experienced in the care of older people and in management. She had systems in place to ensure that staff were supervised and to ensure that they had regular training pertinent to their roles. Since the pandemic commenced in March 2020 she had ensured that staff and residents were kept up to date with information. Relatives were also kept informed and reassured about the well being and health of residents. There was a weekly newsletter circulated to staff and residents outlining the latest information and guidance and how this impacted on the centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the staff allocations reflected the staff complement described in the statement of purpose.

On the day of inspection, the staffing in both units, Holy Family and Larmenier was appropriate to meet the needs of the residents accommodated. There was a clinical nurse manager, two nurses and six carers on

duty throughout the day. At night there are two nurses and two carers from 21.00 hours. There were two housekeeping staff on each unit throughout the day. The catering service is contracted to an external company and catering staff are allocated to a specific unit. The activity coordinator allocates her time equally over the two units and the inspector saw that residents had access to varied social diversions to keep them engaged and entertained. The laundry is operational six days a week and residents' personal clothing only is laundered on site. All other laundry items are sent to an external laundry.

The person in charge said that there was an ongoing recruitment drive and staff were engaged to ensure that reserve staff were available in the event of staff having to isolate or have to go off duty due to illness. The person in charge told the inspector that staff availability was 30% above usual capacity. The overall staff complement of the centre is stable and staff can be replaced if there is an unexpected absence.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to ensuring that staff had access to training to develop their skills, competence and knowledge. Records viewed confirmed that all staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, infection prevention and control and hand hygiene. As a result of the COVID-19 pandemic the centre had ensured that staff had access to on line training. The action plan in the last report had been addressed and there was a system in place to alert the person in charge when training was due to be updated to ensure all staff had refresher training within the required time-lines.

The inspector observed that staff adhered to good hand hygiene practice, ensured that correct social distance was maintained and that Personal Protective Equipment (PPE) was worn appropriately.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems for the centre were well organised and ensured that residents received a good quality safe service that they valued. The person in charge was very organised and had systems in place that ensured that she was informed and involved in decisions related to care practice and the business of the centre. The information and documents requested by the

inspector were made available in a timely manner and the administration systems were found to be well organised. The management team hold a weekly meeting that is currently facilitated remotely and records conveyed that operational matters, clinical issues and national policy and guidance related to the current COVID-19 pandemic are discussed. It was evident from the records of meetings read by the inspector that there is meaningful sharing of information to inform learning from events and that senior staff are well supported.

The following confirms that the governance and management of the centre is effective:

- Residents described life in the centre in positive terms and described how their health had improved since admission
- The audit plan in place identified where changes and improvements needed to be made and an action plan to achieve the required improvements and changes was outlined
- The person in charge had good knowledge of the residents accommodated and knew where specialist arrangements had been made to ensure residents' well being. For example several residents were having visitors regularly as it was essential for their emotional health and general well-being. Other residents had modifications made to their bedrooms to ensure their safety
- Staff said they felt well supported and said that they felt sufficiently informed about the current COVID-19 virus to manage suspected or positive cases safely and effectively
- There was good emphasis placed on training. The person in charge had sourced a number of training courses for staff on line to ensure that evidenced based care was delivered. Training records showed that staff had additional training on a range of topics. The housekeeping staff interviewed by the inspector had a good knowledge on the method for cleaning rooms and frequently touched surfaces and had the appropriate cleaning products for their varied tasks
- There was an evidenced based falls identification and falls prevention programme in place and the inspector noted that there were few serious falls requiring hospital admission.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been revised following an action plan described in the last inspection report. The floor layouts for both units and the overall premises were clearly described.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifications were supplied to the office of the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector saw that complaints were recorded, responded to promptly and resolved to the satisfaction of the resident or the complainant. The record of complaints was reviewed. There is a specific form to record complaints and this includes an outline of the issue of concern, the actions taken to investigate and how it was resolved. If there is a policy or procedure issue that is relevant this is highlighted so the area can be improved. Two residents interviewed said that they would not hesitate to raise a concern and said that when they had the matter had been dealt with to their satisfaction.

Judgment: Compliant

Quality and safety

The inspector found that residents were provided with good quality care from a dedicated and well informed staff team. Residents described feeling well cared for in a comfortable environment and some told the inspector that staff made every effort to make them feel at home. Residents' lives and day to day routines had been significantly impacted by the COVID-19 restrictions particularly the limits on visits and changes to how the centre operates. Religious services have been discontinued for now and the coffee dock area that was a location where many residents used to meet visitors is closed. The provider and staff team have made significant efforts to adapt the centre to ensure residents can see family members safely. The library area has been reorganised and converted into two visitors rooms both of which have access from the outside which enables visitors to come in and see residents safely.

Residents' medical, general health and social care needs were met. Staff said that they reported any changes in residents' health or behaviour promptly to ensure that they could be monitored and COVID-19 detected or eliminated promptly. Staff spoken with were knowledgeable about the signs and symptoms of COVID-19 including the more obscure symptoms. Residents were monitored twice a day to detect changes that might indicate the presence of COVID-19 infection. All staff had received training in infection control procedures including hand hygiene, respiratory and cough etiquette, the appropriate use of personal protective

equipment (PPE) and its disposal.

The inspector reviewed four residents' health records and care plans from both units. Care plans were maintained on a computer programme, were clear and easy to follow. The inspector saw that care plans were person centred and outlined the individual needs, care interventions and choices expressed by residents about how they wished their care to be delivered. They were reviewed at four month intervals by nurses and changes from one review to another were described.

Indicators of health changes such as fluctuations in weight and behaviour were monitored monthly and more frequently if changes were evident. The inspector saw that when residents lost weight appropriate monitoring and specialist advice was sought to ensure that nutrition and hydration needs were appropriately met and that any remedial actions needed were put in place. The inspector reviewed wound management documentation and found that a pressure wound and wounds related to factors such as skin fragility or leg ulcers had appropriate care plans to promote healing and were responding to treatment. The resuscitation status of all residents was clearly documented and residents had access to spiritual care and support from family at end of life.

The building is a modern design and all rooms have good natural light, adequate storage space and suitable furniture. Bedrooms are equipped with Smart televisions that enable residents to stream programmes and religious services that they like. Rooms on the ground floor have direct access to the gardens and grounds.

The procedures for risk management reflected good practice with the exception of the management of fire drills. The procedure required improvement to include the regular evacuation of a complete compartment to ensure staff could achieve this in a timely way. The premises were very clean and maintained well. All bedrooms had full ensuite facilities. There was a vacancy factor maintained during the pandemic to ensure that residents could be isolated if COVID-19 infection was suspected to minimise the spread of the virus. There were appropriate laundry facilities that ensured laundry could be segregated safely. Staff were aware of their individual and collective responsibilities to observe infection control guidelines and there was signage strategically located to remind them to take appropriate care when undertaking their duties.

Regulation 11: Visits

All visiting to residents had been strictly controlled since March 2020. New arrangements had been put in place to ensure residents maintained contact with family and friends. Information on the circumstances when visits could take place and the contacts details for the video and telephone applications in use had been communicated to all residents and families to ensure they could remain in contact. This information was relayed in the weekly newsletters issued by the person in charge. Staff had supported residents to maintain telephone and visual contact with

their families via their telephones and other electronic devices.

When restrictions were eased in accordance with the national HPSC guidance visits were organised in accordance with the guidance issued. As the pandemic has extended the provider and person in charge improved the facilities so that residents could continue to have visits. Two safe spaces were created on the ground floor where residents from each unit could receive visitors. There were separate entrances for visitors and inside there was a floor to ceiling wall in each room with a large glass panel that enabled residents to see their visitors easily. Residents had a microphone so they could talk and hear easily and while there was no physical contact residents said they valued the efforts made to ensure that they had regular visits in safety.

The person in charge confirmed that visitors were able to see residents in their rooms on compassionate grounds and where it was beneficial to residents' overall well being. The inspector saw that several visits were taking place throughout the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had good space in bedrooms to store their personal clothing and possessions. The inspector saw that bedrooms were personalised with residents' personal effects that included photographs, ornaments and books. There was plenty of space to display these items in a way that ensured residents could see them easily.

All personal clothing items were clearly labelled. There was a tray for each resident's personal clothing in the laundry to ensure items were returned to residents safely and prevent loss.

Judgment: Compliant

Regulation 17: Premises

This large two storey modern building provides a good environment for residents. There is a range of communal spaces where residents can meet and socialise but are now out of use due to pandemic restrictions. The two units Holy Family and Larmenier are self contained and there is lift access between the floors in each unit. There is a sitting/dining room on each floor. The centre was well maintained, attractively decorated and has good levels of natural light. All bedrooms have floor to ceiling windows enabling residents to have a good view of the

outdoors. There is a large oratory area on the ground floor.

There was an appropriate supply of specialist equipment for residents and this was noted to be serviced regularly and maintained in good condition. The deficit in the call bell system that was the subject of an action plan in the last inspection report had been addressed. The inspector was told by residents that when they use the call bells they are answered promptly.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy and a health and safety statement were available. The risk management policy included the arrangements for the identification, recording, investigation and learning from serious incidents. Policies were available to provide guidance to staff on specific areas required by the legislation including the risks of absconding, assault, self harm and accidental injury.

Measures were in place to prevent accidents in the centre and within the grounds. There was a contract in place to ensure hoists and other equipment including electric beds and air mattresses used by residents were serviced to ensure they were functioning safely.

Staff were observed to work safely and to observe safety guidance in relation to the use of wheelchairs and other equipment. The inspector saw that when residents were moved in wheelchairs footplates were in use. Furniture in rooms was arranged to eliminate trip hazards.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that staff in the centre were well informed about infection control practice and were adhering to the guidance published by the Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units. The most recent version was kept in the COVID-19 folder and issued to both units.

This centre's structure is modern and surfaces throughout were noted to be in good condition and visibly clean. The cleaning staff were well informed about the cleaning products in use and confirmed they had training to guide them in their work. Staff had individual mops for all areas and these were laundered on site every day. Staff were aware of the need for increased cleaning of frequently touched surfaces such

as door handles, chairs and equipment shared by residents such as hoists. The inspector saw that wheelchairs and hoists were spotlessly clean.

There were a range of infection control measures introduced to control infection transfer risk and these included:

- Hand sanitizers were available throughout the building and all examined functioned well
- Staff temperatures were monitored twice a day and there were separate staff teams for each unit. Staff entered each unit through a separate entrance and signage was in place at entrances to remind staff to complete hand hygiene and observe social distancing when appropriate
- There was sufficient supplies of cleaning products and PPE
- Staff had built up good relationships with the local public health office and staff in the health service executive
- Laundry practice met good practice standards. To reduce pressure on the in-house laundry bed-linen and towels were now sent to an external laundry enabling laundry staff to concentrate on personal clothing and equipment for cleaning staff.
- Training records reviewed conveyed that all staff had completed infection prevention and control training. The person in charge had supplemented this with practical demonstrations on how to put on and take off PPE to ensure staff followed the correct routines.
- When walking around the centre the inspector observed staff practices and found that items were worn correctly and disposed of safely.

Judgment: Compliant

Regulation 28: Fire precautions

The centre was appropriately supplied with features to detect, contain and extinguish fire. The fire alarm was serviced quarterly and fire extinguishers were serviced annually according to records provided to the inspector.

An action plan in the last report described non-compliance in relation to fire safety training for staff and floor plans that did not reflect what rooms were double rooms. These actions had been addressed. The inspector found that improvement to fire drill practices was required as the regular fire drills did not include the complete evacuation of a compartment and the record of the drill did not convey how many residents took part in the exercise. The person in charge and Chief Nursing Officer said that this would be addressed at future drills. All residents had personal evacuation plans that described the equipment and staff assistance they would need in an emergency or if an evacuation of the centre had to be undertaken.

Staff had all received training and fire drills were completed in September, October,

November and December 2020.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and that appropriate medical and support from allied health care professionals was available. There were 62 residents in the centre during this inspection. Forty residents had been assessed as maximum or high dependency and had complex medical or dementia care needs. A referral pathway was in place for residents with dementia to ensure they had access to ongoing assessments from the team for old age psychiatry and to diagnostic procedures to ensure their optimum health and wellbeing was promoted.

Comprehensive assessments were undertaken following admission to determine residents health and social care needs. The assessment process included the use of validated tools to assess varied aspects of each residents' health condition and included nutrition health, their level of cognitive impairment, vulnerability to pressure area problems and skin integrity. Care plans based on the completed assessments were prepared within 48 hours of admission.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process, including how residents wished their end of life care to be managed. Decisions made in relation to active interventions or do not resuscitate decisions were reviewed regularly by doctors and the nursing care team and were reviewed in light of the COVID-19 pandemic.

The inspector found that care plan information was used in a meaningful way to guide staff in their day to day interactions with residents and staff interviewed were fully aware of the areas where residents had difficulties and needed support. The inspector observed residents being prompted to eat and drink at meal times and also being encouraged to mobilise throughout the day.

The inspector found that care plans contained information to guide staff on how to address the needs of residents with sensory or cognitive impairments or a combination of factors. Care records were generally very informative and outlined the actions to be taken in a range of circumstances including the management of responsive behaviours.

Residents at risk of developing pressure area problems had care plans and pressure relieving mattresses and equipment to prevent skin deterioration.

The inspector observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met. Residents, where possible, were encouraged to keep as independent as possible and the inspector observed residents moving freely around the corridors

and communal areas. The inspector saw that residents had good access to social care activities and there was a wide range of activity material that ensured staff could motivate residents to take part in a variety of activities.

Judgment: Compliant

Regulation 6: Health care

The inspector saw that residents had access to appropriate medical and primary care services. They could keep the service of their own general practitioner (GP) and there was a dedicated GP service for residents admitted for short term care. Residents' records conveyed that reviews of health conditions were completed regularly and also that medicine regimes were reviewed and altered to meet residents' changing needs. Residents had access to allied health professionals. Physiotherapy and occupational therapy services were available. Residents were assessed on admission for risk factors such as poor nutrition, falls risk, responsive behaviours and other vulnerabilities such as inability to orientate to their surroundings associated with dementia. Dietician and speech and language services were also available as required. Some of these services were available on-site and some were provided via video link or telephone during the ongoing pandemic situation. Where residents required modified diets or supplements these were outlined in professional assessments and relayed to care and catering staff who were observed to follow the recommendations outlined. Residents also had access to other specialist services that included the team for old age psychiatry when required if their needs changed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to monitor restrictive practices to ensure that they were appropriate and only used where necessary to ensure safety. There was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. There were a number of residents that had bedrails in place at night for their safety. A clinical assessment of the need for this equipment had been completed and their use was reviewed regularly. In addition, alternative options had been trialled. The inspector saw from the records viewed that staff were knowledgeable about restraint use and that equipment such as bedrails should only be used at a resident's request or following a clinical assessment of need where other interventions had failed to provide the safety measures required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents told the inspector that they were well informed about day to day national and local news. They said care staff and the activity coordinator discussed what was happening this year. One resident commented that as well as the daily news about all the COVID-19 cases it would be " good to have news on how many people were recovering". Residents had access to daily papers, radios, televisions and internet. Residents were supported to use telephones and to make video calls to keep in contact with friends and family while the visiting restrictions continued. There was access to advocacy services when required.

The inspector saw that the activity coordinator was very active in the centre and she ensured that residents had varied social diversions to keep them occupied. There was a good supply of craft materials available and residents said they could choose what they wished to do as sometimes they did not want to take part in a group activity. The activities that residents said they enjoyed most included baking and chatting together and sharing reminiscences. The inspector saw that availability of a wide range of activity material ensured staff could motivate residents to take part in a variety of activities.

There was good emphasis on promoting the privacy, dignity and independence of residents. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock on doors before entering bedrooms. Solutions to specific problems were sought and put in place to enhance the quality of life of residents. For example the inspector saw that a safe environment had been created to enable a resident who was a high falls risk move around safely which had contributed positively to his quality of life.

The majority of residents were up and about, walking around and socialising together in communal rooms while observing the social distancing guidance. Residents were having meals together and several said they were glad to be able to see other people and have a chat. The inspector saw that staff were readily available to residents and that their interactions were friendly, appropriate and meaningful. The inspector heard staff greet residents when they entered bedrooms and residents were always acknowledged when they came into communal areas.

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 | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | 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 | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Nazareth House Nursing Home Sligo OSV-0000369

Inspection ID: MON-0031660

Date of inspection: 13/01/2021

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 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Schedule 5 policy 'Fire Safety Management' will be reviewed and amended following the issuing of the HIQA Fire Safety Handbook on the 26/01/2021. This review will be completed by the 16/02/2021 and as part of this process, a new fire drill procedure and documentation will be developed incorporating the guidance issued in the Handbook and the advice provided by the Inspector on the day of the inspection in that improvement to fire drill practices will be completed so that regular fire drills will include the complete evacuation of a compartment and the record of the drill will convey how many residents took part in the exercise. | |

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 28(1)(d) | The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire. | Substantially Compliant | Yellow | 26/02/2021 |
| Regulation 28(2)(iv) | The registered provider shall make adequate arrangements for evacuating, where | Substantially Compliant | Yellow | 26/02/2021 |

| | | | | |
|--|--|--|--|--|
| | necessary in the event of fire, of all persons in the designated centre and safe placement of residents. | | | |
|--|--|--|--|--|