



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:	Announced
Date of inspection:	28 May 2020
Centre ID:	OSV-0000149
Fieldwork ID:	MON-0029515

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:	107
--	-----

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 28 May 2020	09:40hrs to 15:00hrs	Michael Dunne	Lead
Thursday 28 May 2020	09:40hrs to 15:00hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Inspectors arrived at the centre and found that the provider had processes in place to ensure that visitors to the centre adhered to infection protection and control measures such as the wearing of appropriate personal protective equipment (PPE) and temperature monitoring. Inspectors noted that there was signage located at key points throughout the centre to remind staff and visitors of additional control measures such as maintaining social distancing and time limited interactions. There were sufficient hand sanitizing stations located throughout the centre. Visitors in the context of this report relate to essential health care professionals or to family members who were facilitated to visit loved ones who were at end of life.

Inspectors spoke with a number of residents who were present on the day of the inspection and the majority spoken with were extremely complementary of staff and the quality of the care they received from them. Residents said that it was tough for staff having to wear masks all the time, and that they felt the outbreak had been well managed. Some residents told inspectors that they were glad to get out of their rooms and to circulate within the home again. Inspectors noted that staff were supporting residents adhere to the social distance guidance. A number of residents stated they had found it hard isolating in the centre but appreciated the opportunity for more movement within their units, and access to the gardens.

Residents spoken with confirmed that they had been supported to keep in contact with their relatives via the telephone or through other methods such as Skype but that they missed seeing their loved ones face to face.

Inspectors observed staff engaging with residents in a positive manner, and clearly knew them well. As staff were preparing for meal time there was chat with residents who were coming in for their meal. Residents were also supported to sit with other residents with socially distanced dining arrangements in place.

Staff spoken with were all clear of the procedures in place in the centre. Those spoken with were able to describe the steps being taken to monitor residents for any signs and symptoms of illness, and the steps to take. Staff described the previous weeks as being difficult, but felt there were systems in place to support good quality care for the residents. Staff expressed their sadness in relation to the residents who had died during the outbreak.

Residents commented that they usually enjoyed the activities provided in the centre, and were looking forward to them commencing again.

Capacity and capability

This was a short notice announced inspection. The centre is registered by the Sisters of Nazareth and the provider is involved in the operation of four other designated centres in the Republic of Ireland.

The last inspection of this centre, carried out in October 2019, found that overall the centre was performing well, but improvements were required in relation to the premises. This was in relation to outstanding issues specific to registering new bedrooms and communal areas in the centre. The issues raised were addressed by the provider following the inspection.

The centre has been significantly impacted by the COVID-19 pandemic and a large number of residents and staff were identified as being positive for the virus following tests carried out in response to individuals showing signs and symptoms of the virus.

It is acknowledged by the inspectors that the residents and staff living and working in the centre have been significantly impacted by the outbreak, and have had to deal with the significant changes that it had brought to their lives in recent months. Staff spoken with were clearly emotional about the experience but felt overall it had been well managed. Residents reflected that the isolation had been hard but also that things had been well managed.

Inspectors found that there were adequate and effective management systems in place that had overall ensured the safety of care delivered to residents. There were arrangements in place to review on a daily basis the situation in the centre with the management team. There were also arrangements in place to keep the provider up to date on developments and adapt practices in line with national guidance and learning from peers. The provider was keeping up to date with guidance as it was updated, and adapting arrangements in the centre. This provided assurance that the provider would be in a position to effectively manage any further outbreaks.

It was seen through the direct engagement between staff and residents, and the records of meetings that residents well being remained the focus of the provider. The provider also put steps in place to allocate staff to keeping in contact with families. While some information had been raised with the Chief Inspector, no concerns or complaints were recorded in the centre. Records for 2019 were found to be complete, and the policy was displayed in the centre. Residents confirmed they knew who to speak to if they had any concerns.

Regulation 15: Staffing

On the day of the inspection staff were seen in sufficient numbers to meet residents needs. A review of staffing rosters, and discussion with staff showed that levels had

been maintained during the previous weeks.

Most residents who spoke with inspectors commented there were staff around to meet their needs, and that they were working hard in difficult circumstances. An occasional wait for call bells to be answered and communication skills of some agency staff was raised by one resident.

The centre had been significantly impacted by a COVID-19 outbreak and a large number of staff, including some of the management team, had tested positive for the virus in March and April. The provider responded quickly and put steps in place to ensure there were management arrangements in the centre. Records showed the management team worked to ensure there were sufficient staff to meet residents needs. Additional cover was provided by the centres staff team working additional hours and the use of agency staff. Records showed that this had been maintained over a number of weeks. At the time of the inspection most staff had returned to work, and the use of agency staff was reducing.

Where agency staff were working in the centre there was a process in place to orientate them to the building. For all staff there were procedures in place for entering and exiting the building. Including hand hygiene and temperature checks. There were clear processes for the steps for staff to take if they felt unwell, including calling the centre and making arrangements to be tested for COVID-19.

Judgment: Compliant

Regulation 23: Governance and management

There was an established management structure in the organisation, and in the designated centre. When the availability of the management team was impacted by the COVID-19 outbreak in April steps were taken to address this by identifying a person within the organisation to take over the day-to-day running of the centre.

The provider moved quickly to set up a support network in the organisation, and regular meetings were held with all the centres in the group to keep them apprised of the situation in the designated centre, and also to facilitate learning from the experience of the centres. Meeting records reviewed by inspectors showed that there was a mechanism for providing updates to the provider about residents, staffing matters, families and relatives, and infection control measures such as levels of PPE available.

The oversight arrangements included ensuring that supplies to the centre were maintained, and any issues were escalated appropriately. The provider was found to have sufficient resources to ensure the centre was staffed appropriately, equipment was available as required, and adequate supplies for items such as food and medication were maintained. Management minutes showed topics discussed included the impact on residents of moving rooms, impact of visitors not being able to access the premises, and planning for the future. This showed there was a person

centred focus to the response in the centre and by the provider.

There were arrangements for meeting with nursing staff to keep them up to date in relation to the current infection status in the centre, staffing issues, residents needs, and also training and guidance updates. All nursing stations were seen to have copies of current public health guidance, and other local guidance updated in light of the COVID-19 outbreak.

Records showed there had been regular engagement with public health and the health services executive (HSE). The provider felt these contacts had been supportive.

To ensure each unit was operating in line with current guidance there was a daily management walk around. The person in charge carrying out this during the inspection and was seen to know residents, and be engaging in friendly conversation.

The management team in the centre submitted the required notifications to the Chief Inspector, and engaged in regular conversation with inspectors to provide any required information. In response to concerns raised with the Chief inspector, the person in charge provided the requested assurance that there were appropriate systems in place. This included sending in detail of the communication strategy for keeping families informed of the arrangements in the centre, and more specific arrangements in relation to providing updates on individual residents.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place which met the requirements of the regulations with the policy reviewed in January 2020. The policy was advertised at key locations throughout the centre. Residents spoken with during the inspection told the inspector that if they were unhappy about anything that they would let staff know.

A review of the complaints records on file indicated that there were no complaint records recorded for 2020. There were low amounts of complaints received for 2019 with records indicating that these complaints were resolved at an early stage of the complaints process. There was an audit of complaints on file for 2018.

A number of concerns were raised by resident's relatives and shared with the office of the Chief Inspector on an unsolicited receipt of information basis during the months of April and May 2020. The information received was discussed with the provider during the inspection.

The majority of the unsolicited information received related to the lack of communication on the part of the provider with relatives during the COVID-19

outbreak. Additional concerns relating to the management of infection protection and control measures were received from Health professionals, information accessed by inspectors during the inspection indicated that the provider was following and implementing measures consistent with national guidance regarding Infection, protection and control.

There was evidence seen however to show that the provider was in direct contact with resident's families through email communication indicating the status of COVID-19 in the centre and the measures that were in place to manage and reduce the spread of the infection.

A number of relatives also indicated that they were having difficulty getting through to the centre via the telephone, however the provider indicated that there is always reception staff on duty and that a staff member had specific duties to ensure that resident's families were communicated with on a regular basis.

Judgment: Compliant

Quality and safety

There were arrangements in place to ensure that residents well being and welfare were maintained to a high standard. There were sufficient numbers of trained staff available to provide ongoing support with the low numbers of permanent staff currently unavailable for work. There was access to regular medical and allied healthcare input.

Clinical reviews of residents weights were undertaken and it was found that many had lost weight during the pandemic, all of those residents identified were reviewed by the dietitian and were provided with nutrient supplements.

There was a social and recreation programme of activities for residents to enjoy however this programme was curtailed due to the infection control measures in place to reduce the spread of COVID-19 infection. As a result resident activities were mainly provided in resident bedrooms according to residents individual taste.

A selection of care plans were reviewed focusing on end of life care, activities and resident rights. There were care plans in place to support residents at end of life and were subject to regular review. All care plans seen were designed with the residents wishes central to their formulation with family members engaged in this process where required.

The provider allocated a member of the team to specifically monitor and assist regular communication with family members. This was due to the increased volume of requests for resident care updates resulting from visiting restrictions which were implemented as a result of COVID-19. Communication between family members and residents were facilitated through the use of social media platforms such as Skype

and other communication applications.

Regulation 13: End of life

A number of end-of-life care plans were reviewed by the inspectors and those seen had been reviewed and updated recently by the staff team. Overall, care plans seen were resident focused and contained resident wishes detailing the arrangements they wanted following their death. Those care plans were written in a sensitive manner and where residents were unable to participate in this process records were seen which indicated that family members were engaged to assist in their formulation.

There were records seen which indicated that DNAR forms (Do not attempt resuscitation) contained the relevant medical practitioners signatures, with DNAR forms also subject to regular review. In instances where residents were at end-of-life stage, the centre allowed close family members to attend and spend some time with their loved ones while adhering to infection, protection and control measures.

Judgment: Compliant

Regulation 18: Food and nutrition

There were arrangements in place to ensure that residents had access to sufficient quantities of food and drink. A four-weekly menu cycle was in place and there were arrangements for the provision of modified diets for residents who required additional support with eating and drinking such as high calorie diets.

A number of residents spoken with regarding the quality and quantity of food said that they enjoyed the food provided. Residents said that they ordered their meal the day before but could have a different meal if they wanted to change their selection.

A catering service review commissioned by the provider revealed that a significant number of residents had lost weight since the start of the pandemic. The provider informed the inspectors that residents had recently been reviewed by the dietitian and care plans had been updated to reflect their input. Residents had been prescribed nutrient supplements as a result of this finding.

Additional findings from this review included infection protection and control recommendations on the safe serving of food to residents who were COVID-19 positive.

The provider informed the inspectors that the findings of this report would be shared with the staff team and the residents. They also confirmed that the next

phase of the catering review would entail soliciting residents views on the catering service including their views of the quality of food provided.

Judgment: Compliant

Regulation 26: Risk management

The provider had updated their operational procedures in line with public health guidance, and the guidance of other relevant bodies such as HIQA. The corporate risk register had been updated with the actions set out to mitigate the risks in relation to COVID-19. During the course of the inspection it was noted all the actions set out in the risk assessment were being implemented in practice.

There were also clear procedures in place for responding to risks to individual residents and staff. These were also seen to be implemented in practice. For example to reduce the risk of spreading the virus there was provision of training in infection prevention control, personal protective equipment, and processed to ensure adequate staffing levels to meet residents needs.

Judgment: Compliant

Regulation 27: Infection control

It is acknowledged that the normal Infection Prevention and Control (IPC) precautions in a nursing home are not commensurate with what is required for managing a COVID-19 outbreak. During and post a COVID-19 outbreak, the provider must be assured that all IPC arrangements are in line with public health advice.

Observation, documentation and discussion with staff and residents provided evidence that the provider was aware of, and implementing, up to date public health guidance in the centre.

At the beginning of the COVID-19 outbreak in Ireland the management team commenced a preparedness checklist. This process identified areas where further work was required to ensure risks were fully managed in the centre, and tasks were allocated to named individuals. When the second version of the document was produced two weeks later each section was completed with the steps being taken by the provider and the management team. It focused on learning from the last two weeks, new information and guidance, also learning from other providers. This included, for example, ensuring there were managers available in the centre, training for staff to keep them up to date, staff cover arrangements, and implementing current guidance issued by public health and other relevant bodies.

The person in charge had produced information for staff reflecting the known signs and symptoms of COVID-19 and this reflected any new symptoms being linked with the outbreak as the pandemic evolved. This was supporting to the staff team to assess residents, and also themselves for signs and symptoms of the virus. There were records on each unit of staff temperature's and a declaration that they were aware of and following guidance. Residents were being monitored and any changes were reported to the nurse on duty. There was a clear process for testing for residents and staff when it was required. Tests were being collected by the ambulance service on the day of inspection.

Management records showed that as the outbreak in the centre increased, and as national guidance evolved, the approach in the centre changed. Records showed that steps were taken to zone areas in the centre to cohort (accommodate together) residents and staff in the separate units. Staff spoken with were able to describe how this was achieved in practice, and showed the areas of the centre that were used. During the inspection this arrangement was no longer in place as there was only a small number of residents who were reaching the end of the 14 days isolation period.

Residents who were in isolation were staying in their rooms and receiving all care and support there. Rooms were clearly marked and there was PPE available outside of the room. Staff were seen entering and leaving the rooms following correct donning and doffing procedures.

On the day of the inspection the centre was clean and well presented. There were measures in place to enter and leave the building including a person at reception overseeing that everyone took their temperature, and carried out hand hygiene. There were face masks and other personal protective equipment (PPE) available in the reception area and in appropriate places through the centre. There were changing facilities for staff. All staff and residents in communal areas of the centre were wearing face masks, as per public health guidance. Other personal protective equipment was available throughout the centre. This included alcohol gel located through each of the units for use by staff, residents and any other visitors to the units.

The provider had made arrangements to ensure there was sufficient PPE available in the centre to meet the needs of staff and residents. This included a mix of allocations from the HSE and purchasing directly from retailers. Staff had also received updated training in hand hygiene and using PPE. This included on-line training and also trainers coming to the centre and providing practical presentations.

Inspectors observed that the plans to allocate staff to specific units was being put in to practice. Staff, including cleaning staff, confirmed that they worked in a specific unit, and understood this was to reduce the risk of cross-contamination between the units.

A full review of catering arrangements had been commissioned, and recommendations in the report were being implemented. For example the management of crockery and cutlery from residents with COVID-19. The

recommendations were due to be fully implemented in the weeks following the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

On the day of the inspection it was observed that residents were moving about in their own units. The sitting rooms and dining rooms have been set up to allow for social distancing. Residents were observed moving around, attending the dining room for lunch, and enjoying conversations with other residents and staff. Interactions between staff and residents were positive and showed warmth and respect.

There were arrangements in place to support residents with maintaining recreational activities however due to the COVID-19 pandemic these arrangements were mainly on an individual basis, with communal activities scaled back to comply with Infection protection and control measures to reduce the spread of infection. Residents spoke positively about the usual activity arrangements and were keen for them to start again, but understood why there were different arrangements in place. While a number of residents mentioned that staff did their best in supporting them with activities, they missed the daily interaction with other residents and the enjoyment they received from the communal activity sessions.

Residents mentioned that staff had arranged for information and communication including pastoral services to be streamed to resident's televisions in their bedrooms, residents mentioned that they enjoyed this very much and found it useful. Those who spoke with inspectors said they understood the restrictions that had been in place, but were keen to move on from the impact of isolation in their rooms. All who spoke with inspectors said that the lack of regular face to face contact with their loved ones was hard and they would be happy when normal visiting arrangements were back in place. They described they had been able to keep in touch with phone calls, video calls, and some window visits. A number of devices had been donated to the designated centre to ensure video calls could be supported effectively.

The provider was in the process of developing guidance to support visiting to the centre when public health guidance allowed so they were ready to implement it at the earliest opportunity.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 9: Residents' rights	Compliant

