



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:	Fahan, Lifford, Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	01 September 2020
Centre ID:	OSV-0000368
Fieldwork ID:	MON-0029962

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

39

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
Tuesday 1 September 2020	12:30hrs to 19:00hrs	Manuela Cristea	Lead
Wednesday 2 September 2020	08:45hrs to 14:00hrs	Manuela Cristea	Lead
Tuesday 1 September 2020	12:30hrs to 19:00hrs	Noreen Flannelly- Kinsella	Support
Wednesday 2 September 2020	08:45hrs to 14:00hrs	Noreen Flannelly- Kinsella	Support

What residents told us and what inspectors observed

The inspectors spoke with numerous residents throughout the two days who all reported high levels of satisfaction with the care they were receiving in the designated centre. Residents told the inspectors that staff were excellent, very kind and attentive and that they went out of their way to ensure the residents enjoyed a good quality of life.

One resident said that 'I couldn't get better care anywhere else, I feel fulfilled' and went on to report that staff were outstanding in their dedication. A resident mentioned that although they had not contracted the COVID-19 virus themselves they had been very concerned about the staff and their own families. Residents described their life in the centre as a community of friends, where they had great fun together and all cared about each other and looked out for one another. They went on to say that the arrival of COVID-19 felt like someone had suddenly "dropped a bomb", as overnight everything changed in their lives.

Other residents described the sadness they felt at losing some of their fellow residents with whom they had long established friendships. They missed their company and had to come to terms with a very different way of paying their respects when hugging each other and shaking hands was no longer possible. Residents described how they stood outside the centre and waved good-bye, forming a guard of honour while respecting the social distancing guidelines. Residents and staff were visibly emotional when recounting those difficult moments which they described as 'heartbreaking, very sad times'. Staff recounted how they 'came in and smiled through it' so that it would not be too difficult for the remaining residents, as it was already a 'lonely time' as residents were isolated in their rooms.

Staff and residents mentioned that maintaining staffing levels at the height of the outbreak was challenging, but that they worked through it, and were proud to state that each resident continued to receive all the care they required. A number of staff told inspectors that at the onset of the outbreak, they packed their bags and left their homes to stay in the centre to provide care to the residents. Staff reported that they felt supported by the management team throughout the outbreak and had remained confident in their skills to look after the residents to the best of their ability. While acknowledging the trauma caused by the COVID-19 pandemic, it was evident that staff morale was good and the feedback from residents and relatives was consistently positive.

Some residents wore cloth masks and they described to inspectors the measures they took to protect themselves from the virus. They reported that they were kept well-informed and a COVID-19 information booklet was provided to them. They told the inspectors that staff had time to listen to them and provide information and advice.

Feedback from relatives and the residents who spoke with the inspectors confirmed

that they were satisfied with the visiting arrangements in place. Although difficult, they were accepting of the visiting restrictions as a measure to protect their safety. Both families and residents were appreciative of the management team's efforts to facilitate window visits or video calls when required. Some residents were disappointed that without visitors, they no longer had customers to buy their handmade cards. On many occasions staff themselves purchased these cards to support the residents. Residents' craft work was proudly displayed throughout the centre. This resident-led initiative had been very successful in the previous years and the funds raised were used to fund additional activities chosen by the residents themselves.

Inspectors observed resident's dining experience as well as some group activities such as bingo and a sing song. Other residents were observed watching television, reading or chatting with each other. They all appeared very relaxed and comfortable. Interactions with staff were kind, respectful and person-centred. Some residents actively sought to speak with the inspectors to ensure their experience was captured and that the staff were acknowledged for the care and the good work that they did on a daily basis. Residents spoke very highly of the staff that looked after them.

There were a number of communal seating areas around the centre and a conservatory overlooking Lough Swilly. Residents could watch the sun setting over the lake and a number of residents commented that they enjoyed doing this in the evening time. At the back of the centre, residents had access to a well-maintained sensory garden. One resident told the inspectors that she loved her private bedroom, that she had plenty of space to keep all of her belongings and that staff took great care of her personal things. She proudly showed the inspector her room, and said that staff always ensured it was in pristine condition.

Residents told inspectors that they could go to bed at a time of their choosing and that staff were available to assist them when needed.

Capacity and capability

Overall, this was a good service that had come through a difficult period as a result of the COVID-19 pandemic. There was an outbreak in the centre at the beginning of April 2020 resulted in the death of 10 residents and a large number of other residents and staff contracting the virus. The purpose of this inspection was to review the centre's contingency plans and preparedness for potential future COVID-19 outbreaks and the person in charge had been informed about the inspection on the previous afternoon. There had been two unsolicited concerns received by the Chief Inspector in respect of the centre since the last inspection, which were followed up. The inspectors found that the number of complaints received in the centre was very low, and a review of the documentation found that complaints were well-managed in line with complaints policy.

While many good areas of practice were identified during this inspection, the findings show that further improvements were necessary in areas of governance and management, staffing, records, infection control, medication management, health care, care planning arrangements and in risk management. Where regulatory compliance had not been fully achieved, management and staff showed a willingness to initiate the necessary improvements to ensure full compliance.

The registered provider has a good history of regulatory compliance, and the inspection found that the action plans from last inspection in respect of medicines, premises and infection control have largely been acted on, albeit some further improvements were identified on this inspection.

During the recent COVID-19 pandemic it was clear to inspectors that management and staff worked tenaciously as a team to ensure the safety of residents. Each staff who spoke with the inspectors emphasised how even at the height of the outbreak, they felt supported by the management who ensured that they had sufficient resources in terms of personal protective equipment (PPE), training and available expertise to provide safe care. Due to the high number of staff impacted by the virus along with the increased care needs and infection control protocols, staff shortages had occurred which were managed by using agency staff. At the time of inspection however, there were no agency staff working in the designated centre.

Based on observation, conversations with staff and residents and a review of staffing rotas, the inspectors were not assured that there were sufficient staff numbers with the right skill mix on duty at all times. This related in particular to the staff nurses and housekeeping staff. The person in charge informed the inspectors that they were actively recruiting to fill those vacancies. Due to the remote location of the centre, the recruitment of staff was challenging and could be protracted.

The person in charge facilitated the two days of inspection and was supported by the Chief Nursing Officer who was also present at the feedback meeting. The inspectors found that the person in charge demonstrated thorough knowledge of her role and responsibilities including oversight of residents' care and welfare and she provided strong leadership to the team. This helped to maintain staff morale and ensured effective buy-in from staff. It was evident that staff worked cohesively with the management team to ensure residents received the best possible standard of care.

While the person in charge demonstrated huge ability and commitment inspectors found that she needed support in her role. The recruitment of a deputy nurse manager had been an action plan from the previous registration inspection dated 24 June 2019, which had not been completed by the provider. As a result there was no clear plan in place to provide leadership and support for staff if the person in charge was absent from the centre. This was of particular concern in the current environment and the risk of further COVID-19 outbreaks.

The inspectors reviewed the minutes from the weekly management meetings with the registered provider representative and found good levels of service oversight. There was a preset agenda where all relevant issues in respect of the safety and

welfare of residents, staffing, resources, complaints, accidents and incidents were discussed. Infection prevention and control featured as a standing agenda item at local governance meetings. There was a comprehensive monthly auditing system in place and a number of key performance indicators were collected on a weekly basis. The audit results were used to inform the quality assurance processes in the centre. However the inspectors found that some of the current audits were not robust as they did not identify a number of the findings of this inspection.

The inspectors reviewed the COVID-19 contingency plan and preparedness and found that it was comprehensive, with clearly identified roles and responsibilities and identified public health and community infection control links. Outbreak management details included cohorting and isolation protocols and a robust strategy to communicate with families.

Policies were updated to reflect the impact of COVID 19 such as admissions, risk management, infection control and visiting. A risk assessment was undertaken identifying additional risks associated with a possible outbreak and additional control measures required, to mitigate the risks identified.

Training records were well-maintained to enable ease of access and retrieval, and training for staff was comprehensive and up-to-date. Additional COVID-19 training completed by all staff included infection control, hand hygiene, breaking the chain of infection, identifying signs and symptoms associated with the virus and donning and doffing personal protective equipment (PPE). The person in charge was the identified lead in infection prevention and control in the centre and was enrolled in the train the trainer course for infection prevention and control, together with all the registered nurses. The registered provider had access to specialist input and staff with expertise in infection prevention and control.

Twice daily temperature checks for staff had been introduced. These records were maintained at main reception where staff recorded their information coming on duty and when leaving. There were clear protocols in place in the event of staff becoming unwell. Staff reported that they were kept up to date with changes in guidance at the regular staff meetings and daily handover meetings.

Regulation 15: Staffing

The staffing numbers and skill mix were not adequate to the size and layout of the centre. While the registered provider informed the inspectors that they were actively recruiting for identified staffing vacancies, additional staffing resources were required to ensure the centre could continue to provide safe and effective care to the residents living there.

Given the spread layout of the centre, the number of residents and their dependency levels the inspectors found that a second nurse at night time was required to ensure resident's safety was promoted. The second nurse on duty would ensure that in the event of suspected or confirmed COVID-19 cases in the

designated centre, there would be sufficient nursing staff available to dedicate a nurse to each unit reducing the cross over of staff between units and reducing the risk of cross-contamination.

In addition, housekeeping staff and hours had not been increased in line with the enhanced cleaning schedules that were required due to COVID-19 risks. In fact, on the day of inspection there were shortages in the housekeeping department due to staff absence. Inspectors were informed that the household cleaning staff were not always replaced during unplanned absence. As a result the inspectors were not assured that the housekeeping staffing levels were adequate to ensure that the enhanced cleaning schedules could be maintained.

A review of the multi-task attendant role was also required to ensure staff had the appropriate skills, knowledge and expertise to fulfill the roles safely.

A sample of staff files reviewed by the inspectors showed that recruitment practices were safe and met the regulatory requirements.

Judgment: Not compliant

Regulation 16: Training and staff development

Records showed that all staff had completed the mandatory training in fire safety, manual handling, safeguarding vulnerable adults and dementia care. In addition, staff attended numerous other courses to support them in providing person centred-care. These included medication management, end of life care, food and nutrition, falls management and cardio pulmonary resuscitation (CPR).

Training records confirmed that 100% of relevant staff were up to date with infection prevention and control training which included hand hygiene, personal protective equipment, and breaking the chain of infection.

Staff were appropriately supervised and there were robust induction processes in place to support them.

Judgment: Compliant

Regulation 21: Records

A review of residents care records found that records were not maintained in line with regulatory requirements. For example residents' daily observations were compiled on a communal list that included all the residents in the centre. This did not ensure that each episode of care was recorded in the resident's individual file in

line with regulatory requirements.

In addition, documentary evidence was not available on the day to show that residents' assessments were reviewed on a four monthly basis. This was due to an Information Technology (IT) system failure, whereby the electronic system did not automatically renew the date of the assessment on completion. The person in charge addressed this with the IT company on the day and put in adequate controls in place to prevent this issue recurring going forward. The inspectors were satisfied that this was a recording failure and that these clinical assessments had been completed in a timely manner.

The risk regarding the failure of the electronic system, although identified, had not been appropriately mitigated. There was no back-up plan for ensuring that care records were appropriately maintained when the electronic IT system failed. As a result, the inspectors identified gaps in the care records, which included days when the care that residents received could not be accounted for. Furthermore, the daily progress notes maintained by staff nurses in respect of each individual resident were not sufficiently comprehensive and detailed in respect of the care provided to individual residents.

Judgment: Not compliant

Regulation 23: Governance and management

The leadership and management provided by the person in charge ensured that care and services were person-centred in line with the centre's statement of purpose and stated objectives. As a result, the ethos of person-centred care was evident in staff practices and attitudes. However the absence of a deputy to stand in when the person in charge was not present in the centre remained a significant gap in the management structure.

Staff working in the service were aware of their responsibilities and to whom they were accountable. There were clear lines of responsibility and accountability at individual, team and service level,

The service was adequately resourced in terms of equipment however some opportunities for improvements were identified on this inspection in respect of the deployment of staff and the maintenance of some of the facilities in the designated centre. This is being further developed under Regulation 15 and 27.

There were governance systems in place to provide oversight of service and care delivery through the ongoing audit and monitoring of performance. However, the quality assurance processes were not sufficiently robust to identify areas for improvement, as evidenced by the findings of this inspection. For example in relation to medicines management and the management of a number of infection prevention and control risks.

The annual review of the quality and safety of care delivered to residents was prepared in consultation with residents and their families and contained a quality improvement plan.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Office of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had an up-to-date procedure in place for the management of complaints. The complaints procedure was displayed in the centre for residents, relatives and visitors' information.

The person nominated to oversee that complaints were appropriately managed in the designated centre was not identified in the procedure. However, from a review of documentation and discussion with the person in charge, the inspectors were satisfied that the overseeing role was clearly established and operational in practice. The policy and procedure were amended on the day of inspection to reflect this.

A complaints log of all complaints was maintained in the centre and relevant documentation regarding each complaint was logged, and investigated promptly. There were arrangements in place for residents to access an independent advocate to support them if necessary.

Resident's meetings were held regularly and records showed that resident feedback and suggestions were acted on.

Judgment: Compliant

Regulation 4: Written policies and procedures

Current written policies and procedures on matters set out in Schedule 5 were accessible to staff in hard copy, and were reviewed and updated in accordance with best practice. Staff were required to sign policies when read. Relevant policies had

been updated to reflect the impact of COVID-19.

Staff had access to up-to-date guidance issued by the Health Protection and Surveillance Centre (HPSC) and the Health Service Executive (HSE).

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the quality and safety of care provided to the residents was of a good standard. Inspectors saw evidence that individual residents' needs were being met in line with their preferences for care and support. However further improvements were required in respect of the management of risks, medication management, infection prevention and control processes, health care and individual care planning arrangements.

The designated centre was homely, warm, comfortable, and communal rooms were beautifully decorated. Communal areas were of sufficient size to safely accommodate the number of residents who were using them.

Residents who spoke with the inspectors all confirmed that they felt safe and their experience of living in the centre was positive. Residents' rights were upheld and the activities programme was varied and interesting. On the first day of inspection, the inspectors observed more than 12 residents playing bingo. It was evident that they enjoyed themselves and were excited about winning prizes. However, inspectors noted that the social distancing arrangements in place for these residents were not optimal and in line with current guidance. This was immediately addressed by the person in charge. The seating arrangements were fully reviewed in all the communal areas and re-organized by the second day of the inspection. Staff had installed small tables in between each chair.

Maintaining communication with residents and families formed part of the designated centres' contingency planning and the records showed effective arrangements were in place. During the visiting restrictions the provider had set up alternative ways to ensure residents could communicate with their loved ones via video calls and window visits. The layout of the centre facilitated outdoor visits to take place in a safely manner, as some bedrooms had balconies overlooking the main car park. Indoor visiting was also facilitated in line with guidance and a designated room had been appropriately equipped with all the necessary infection prevention and control precautions including a perspex screen. These visits were scheduled with the residents and their families in order to ensure social distancing was maintained in line with HPSC guidance.

From a review of a sample of residents' care plans, and discussions with residents and staff, the inspectors found that the nursing and medical care needs of residents were assessed and that appropriate interventions and treatment plans were being

implemented. However, the documentary evidence of the care provided to individual residents required improvement. This is discussed further under Regulations 5 and 21.

A suite of validated clinical risk assessments was completed for each resident in areas such as falls prevention, pressure and skin integrity, malnutrition risk, oral care and pain management. Residents' skin and pressure area care was closely monitored and there was a low incidence of falls, wounds and pressure ulcers in the designated centre. The inspectors found that appropriate nursing and specialist equipment was available for residents.

Restrictive practices were robustly assessed, monitored and reviewed on a regular basis. The number of restrictive practices was low, with three residents using bed rails as an enabler at the time of inspection. Wounds were well-managed with the support of a tissue viability nurse where required. The number of falls, accidents and incidents that occurred in the centre was low.

Appropriate care and comfort was made available to residents at the end of their life.

Overall the health care needs of residents were being met. However, inspectors identified a one hour gap in residents' access to GP, which was in contradiction with the statement of purpose and had not been addressed by the registered provider. This is discussed further under Regulation 6. Records showed that residents had timely access to allied health professionals such as physiotherapy, dietetics, speech and language therapy, occupational therapy, dental services and chiropody.

The inspectors found significant improvement in medication management practices since the last inspection. There was good pharmacy oversight and regular medical reviews were carried out. However some further improvements were required to ensure residents were protected by safe medicine management practices. This is discussed further under Regulation 29.

A number of infection prevention and control measures had been implemented in the centre to ensure the safety of the residents, staff and visitors. The centre was clean overall, and records showed that a thorough decontamination of each room in the centre by an external company took place at the end of the COVID-19 outbreak.

The centre had an up to date infection prevention and control policy to guide staff. Staff were trained, knowledgeable and were observed to follow good hand hygiene technique. It was evident that 'Bare Below the Elbow' initiative for health care workers (ensuring hands and forearms are free of jewellery, sleeves are above the elbow, nails are natural, short and unvarnished and skin is intact) had been implemented, and there was robust adherence to uniform policy. While there were good levels of compliance with the national standards in infection prevention and control, this inspection identified areas for improvement, the specifics of which are detailed under Regulation 27.

There was a risk register in place. The risk register had been updated with COVID-

19 related risks, including the identification of existing and potential hazards, the controls in place and the person responsible. An outbreak control team had been identified and a serious incident review completed post the COVID-19 outbreak. However, while there was a proactive approach to risk management the inspectors found a number of risks that had not been identified and mitigated by the provider. In addition the absence of adequate deputising arrangements for the person in charge and the current staffing shortages did not assure the inspectors that the current contingency plan would be effective in the event of a further COVID-19 outbreak in the centre.

Regulation 11: Visits

The centre had arrangements in place for residents to receive visitors with measures implemented to reduce the risk of accidental introduction of COVID-19. A visiting protocol was available and actively updated in line with latest national guidance (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

All visits were pre-arranged and visitors had to sign-in, complete a visitor questionnaire (which included history relating to overseas travel, close contact and symptom history). Visitors underwent an automatic thermo-scan temperature check, completed hand hygiene under staff supervision and donned a mask prior to visiting. Information posters, and alcohol-gel hand hygiene points were clearly visible on entry.

A communal space was available and a clear perspex screen facilitated social distancing during visiting at the centre. A private space was also available if required. The single-story design had balconies adjacent to resident's bedrooms which facilitated outdoor visits during the Covid-19 outbreak at the centre.

The centre had undertaken a relatives' satisfaction survey in July/August 2020 which showed overall satisfaction with visiting protocols at the centre from all respondents.

Judgment: Compliant

Regulation 12: Personal possessions

All resident's rooms inspected had appropriate storage facilities, a locked cupboard for storing personal possessions. The rooms were personalised with personal photographs and ornaments in their bedroom space.

An inspector reviewed individual transactions and the management of petty cash and was assured that there were good processes and systems in place to keep

residents' personal monies safe and to enable residents to access their money if required.

A record of resident's clothing was taken on admission and clothes were labelled and laundered at the centre thereafter. All residents were observed to be well dressed in suitable clothing and footwear. None of the residents spoken with expressed any concerns regarding items of clothes going missing.

Judgment: Compliant

Regulation 13: End of life

Inspectors found that the end-of-life care was well-managed and individual care plans were in place that detailed residents' wishes and preferences. Advance care directives were in place and updated with COVID-19 related decisions and wishes. Resuscitation status was a multidisciplinary decision which was discussed with residents and where appropriate their next of kin.

There were no residents actively receiving end-of-life care at the time of this inspection. The inspectors also reviewed a sample of recently deceased residents' care records and were satisfied that they had received timely and appropriate care to meet their assessed needs. Medical reviews and consultation with the GP were recorded.

Holistic and detailed end-of-life care plans were in place for each resident, which included anticipatory prescribing for pain management and symptom control and evidence of consultation with the family.

The designated centre could access the support from community palliative services when specialist input was required.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which met the regulatory requirements. The risk register was a live document, which was updated on a regular basis.

The Safety Statement and Risk policy were updated to reflect the COVID-19 pandemic. The risk register in place had COVID-19 related risks identified with hazards and controls detailed, and responsibilities assigned which minimised the risk to residents, staff and visitors.

The centre had completed a serious incident review report following the COVID-19 outbreak in April 2020 and learning and recommendations following the outbreak were identified.

However, some of the risks found on this inspection had not been identified and addressed by the registered provider.

On the first day of the inspection inspectors found that the required social distancing arrangements were not in place in all communal areas during resident's activity time. This was addressed at the time of inspection.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall the general environment and residents' bedrooms, communal areas, toilets bathrooms, and sluice facilities inspected appeared clean with few exceptions. Daily housekeeping cleaning checklist records were up to date. There was an ongoing preventative maintenance programme and apart from small areas of wear and tear the areas used by residents appeared well-maintained.

Segregation of healthcare risk and non-risk waste was evident and foot operated bins were available. The bins had been renewed recently and were awaiting labelling. Colour-coded linen skips and alginate (dissolvable) bags were available also. The centre had implemented preventative control measures in relation to water-borne infection however a formalised Legionella risk assessment was required. Information received following the inspection stated that this was being progressed.

Some refurbishment works had commenced in a laundry facility. Clear separation of dirty and clean activities with unidirectional flow was evident.

Hand hygiene and PPE advisory posters were displayed and alcohol hand rub gel was available although not readily accessible in some areas. Face protection masks were worn by all healthcare workers at the time of this inspection.

A planned auditing schedule for infection prevention and control was in place. Audits included hand hygiene facilities, use of PPE, environmental and equipment hygiene and management of COVID-19. An action plan to address deficiencies was implemented following each audit. Overall audit results showed good compliance however through this inspection the need for further improvement was identified, as detailed further below:

- A review of hygiene service provision including supervisory arrangements and training was required. The policy stated that a flat mop system was in operation however this was not evident on the day.
- Inspectors observed that there was no defined separation of clean and dirty

activities in the central housekeeping room and cleaning and storage of cleaning trolleys, equipment and reusable spray bottles needed to be improved upon.

- The quality of wall finishes, flooring, shelving, cupboards and the integrity of soft furnishings in some ancillary facilities inspected, did not facilitate effective cleaning. Furthermore, inappropriate storage of clean items and supplies was identified.
- Carpet floor covering on some corridors required to be re-assessed to ensure effective cleaning could be facilitated.
- While supply of PPE was plentiful, disposable aprons and gloves were not readily available in sluice facilities.
- The oversight and management of patient equipment hygiene needed to be improved upon.
- A review of ventilation throughout the centre was required. In particular, a door in the laundry area was kept open to the external environment to increase ventilation which was not recommended.
- A review of the design of clinical wash hand basins in the clinical area was required to ensure they were compliant with relevant guidance (elbow operated taps).
- Progress with observational audits of staff adherence to World Health Organisation (WHO) '5 moments of hand hygiene'
- To promote healthcare worker uptake of seasonal influenza vaccine as staff uptake in 2019-2020 season was poor

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There had been some improvement in medication management systems available in the centre since the last inspection. A sample of medicine records reviewed by inspectors showed that overall they were well-maintained and where the prescriptions were in electronic format they largely met the regulatory requirements. Medicine that was to be administered in a crushed format was appropriately prescribed and dispensed.

However, the electronic prescriptions were not regularly updated following the four monthly medical reviews or, at a minimum, on a six-monthly basis. This compromised the safety of the residents and the effectiveness of the system in place as the many follow up handwritten medications prescribed by the GP were not legible and did not consistently contain all the information required for safe administration such as the specified route or time for administration.

In addition, while the allergy status was documented on the individual care record, the inspectors found that from a sample of medicine prescriptions reviewed, two did not include the allergy status to ensure safe administration in line with professional guidance. Stronger oversight was required to ensure the auditing of the medicine

practices in the centre identified these failures in order to put in adequate mitigating controls in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

An assessment of the health, personal and social care needs of an intended resident was arranged prior to admission, to ensure resident's needs could be met in the centre.

A comprehensive assessment was completed within 48 hours of the resident's admission. Assessments included a range of validated assessment tools and this information was used to develop a care plan with the resident and/or their family.

However, inspectors found some gaps and inconsistencies in care plans for individual residents. Further improvements were required to ensure that the care plan record was a true record of the care for each resident. For example

- A number of care plans were prescriptive and generic in the clinical information detailed in them, and did not assure the inspectors that they reflected the care given to the resident.
- Although all care plans were reviewed four monthly in line with the regulations some care plans were not updated when the residents condition changed.

Residents, and where appropriate, their relatives or friends, were involved in the care planning and support decisions made.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, residents' health care was being well-maintained by a good standard of nursing care with appropriate access to medical and allied health care expertise via a referral process. Where required, residents had access to mental health services.

Some further improvements were required to ensure nursing care practices in the centre were evidence-based, and that risk assessments and clinical observations actively and consistently informed the care provided. For example, in one resident's chart, their clinical observations were not recorded before and after a diagnosis of infection. As a result it was difficult to trace and understand why the resident was commenced on an antibiotic.

The general practitioner (GP) visited the centre weekly and out of hours doctor services were available if required. However inspectors found that these services were not available from 08.00hrs to 09.00hrs. This gap occurred during changeover of shifts and prior to the inspection had not been identified as a risk. The current procedure was that in the event of a resident becoming acutely unwell during these hours nursing staff transferred the resident by ambulance to the nearest acute hospital facility. The registered provider agreed to review the medical cover to ensure that residents could access GP services when they needed them.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with had a good knowledge and displayed skills appropriate to their role to respond to and manage behaviours that were responsive (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These were also reflected in the residents' plan of care.

The use of restrictive practices was closely monitored and the centre was working towards a restraint-free environment in line with national policy.

There was a low use of restrictive equipment such as bed rails. Inspectors found that there was a wide range of alternatives available and these were trialled to ensure the least restrictive option was in place to meet the residents' needs.

The inspectors observed that residents with known responsive behaviours were relaxed, well dressed and had freedom of movement around the unit where they lived.

Judgment: Compliant

Regulation 8: Protection

Staff were trained and knowledgeable in safeguarding vulnerable adults and all residents reported that they felt safe and that they could talk to a member of staff if they had any concerns.

Allegations of abuse were notified to the Chief Inspector in line with the regulations and local policy. The inspectors reviewed the documentation in relation to concerns that had been reported since the last inspection and found that they had been investigated and managed in line with local policies and national best practice guidance.

The centre did not act as a pension-agent for any of the residents and a review of resident's petty cash found that residents' finances were appropriately managed and safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' privacy and dignity was well respected. All residents were accommodated in single or twin bedrooms. Most bedrooms had en-suite toilet and shower facilities. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait for permission before entering residents' bedrooms.

The centre had a full time activities coordinator who ensured that throughout the pandemic residents had been able to stay in contact with families and loved ones. Residents had access to information and news, daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and video calls to keep in contact with friends and family particularly when the visiting restrictions were in place.

The inspector observed interactions of staff and residents and saw that residents were treated with kindness and respect. It was evident that residents and staff were familiar and comfortable in each others' presence. Observations demonstrated that staff knew residents' preferences and routines and these were respected. Residents were well-dressed and appeared comfortable and relaxed in their home.

The activities coordinator confirmed that health care assistants also supported her in providing social care to residents, assisting residents to go for walks and especially spending time reassuring and talking with residents. A residents' satisfaction survey had been completed post outbreak which showed very positive feedback in respect of the quality of care provided during and after the outbreak and overall great satisfaction with the levels of activities and meaningful engagement in the centre.

Residents were kept informed about the public health measures that were being taken in the centre to minimise risks associated with COVID-19.

Residents' meetings occurred regularly and were facilitated by the activity coordinator and the person in charge. Residents had access to advocacy services and information regarding their rights was also available in residents' guide.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Nazareth House OSV-0000368

Inspection ID: MON-0029962

Date of inspection: 01/09/2020

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The budgeted daily hours allocated for housekeeping have been increased in line with the recommendations. The skill mix for night duty cover has also been reviewed and a recruitment process has commenced to appoint additional Nurses for Night Duty. A CNM 1 and CNM 11 have been appointed within the centre. The CNM 1 will stand in when the Person in Charge is not present in the centre. Advertisements have been placed for the recruitment of an Assistant Director of Nursing.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The residents' daily observations are now recorded in each residents' individual file in line with regulatory requirements. Staff Nurses have been made aware of the need to maintain comprehensive records in respect of care provided to individual residents.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The audit process has been reviewed and improved to ensure that the quality assurance</p>	

<p>process is more robust and effective. The recruitment process for an Assistant Director of Nursing has commenced.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: All staff were made aware that social distancing measures between residents must be maintained at all times in the centre. This was addressed at the time of the inspection.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: A Legionella Risk assessment was completed on the 22/09/2020; Further training for the ancillary staff on hygiene management has been arranged; The organisation of the central housekeeping now ensures the separation of clean and dirty activities; Surfaces and soft furnishings will be replaced to enhance effective cleaning; The storage of clean items and supplies has been re-arranged to prevent the contamination of products; The floor surfaces in some areas will be kept under review to promote good infection control; A stock of disposable gloves and aprons are now available in the sluice facilities for staff access; A review of the ventilation systems has commenced and any improvements required will be actioned; A review of clinical wash basins has commenced and taps will be replaced to ensure adherence to relevant guidance; Audits have been undertaken to ensure staff's adherence to the WHO 5 moments of Hand Hygiene standards; The staff have been provided with the current HSE guidance detailing the benefits in obtaining the flu vaccine in preparation for this winter. A number of staff incentives have been designed to increase staff uptake of the flu vaccine.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

Meetings have been held with the GP Practice and the Pharmacist to ensure all Kardex's are signed off within each six-month timeframe. Audits will be completed every three months to monitor compliance with this regulation

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The care plans have been reviewed and amended to ensure that they reflect the care provided and changes to the condition of the residents.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Supervision has been provided to Nursing Staff to ensure that clinical observations of residents are recorded before and after a diagnosis of infection. A standard operating procedure has been developed and implemented in collaboration with the local GP in relation to medical cover between 08.00hrs and 09.00hrs

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/11/2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/09/2020
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/09/2020
Regulation 23(a)	The registered	Substantially	Yellow	30/09/2020

	provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Compliant		
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	01/10/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	03/09/2020
Regulation 27	The registered	Substantially	Yellow	31/12/2020

	<p>provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.</p>	Compliant		
Regulation 29(5)	<p>The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.</p>	Substantially Compliant	Yellow	30/09/2020
Regulation 5(4)	<p>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.</p>	Substantially Compliant	Yellow	30/09/2020

Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	04/09/2020
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