

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Nazareth House Nursing Home Sligo
Centre ID:	OSV-0000369
Centre address:	Church Hill, Sligo Town, Sligo.
Telephone number:	071 918 0900
Email address:	bredanaz@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Nazareth House Management Limited
Provider Nominee:	Cora McHale
Lead inspector:	Marie Matthews
Support inspector(s):	Mary McCann
Type of inspection	Unannounced
Number of residents on the date of inspection:	68
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 February 2017 12:00 To: 24 February 2017 22:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The purpose of this unannounced inspection was to follow up on the progress in addressing actions identified the last inspection in June 2016. The inspector focused on the outcomes where non compliances were identified.

This inspection took place over one day and the inspectors met with residents and staff members and reviewed documentation such as care plans, incident records, medical records and policies and procedure. The inspectors also observed practices and reviewed any incidents notified to the Chief Inspector since the last inspection. 14 of the 20 actions from the last inspection were addressed. The remaining actions were partially addressed and some were still within the time frame agreed with the Authority.

There were 69 residents accommodated on the day of the inspection. Inspectors saw that there was an overall improvement in the governance of the centre and

management systems had been introduced to ensure an appropriate standard of care was provided to all residents. Some care documentation reviewed had improved, but further work was required to ensure all care documents were comprehensively completed and this improvement sustained. Records reviewed indicated that some residents had been referred for dietetic review and there was evidence of prompt review but there was poor linkage between some nutritional assessments and care plans with some care plans had not updated.

Practice in relation to wound care had improved and an improved falls prevention plan had been introduced. Further work was needed to develop social care programmes to meet resident's interests and especially for residents who spend long periods in their bedrooms. Improved systems were in place to ensure supervision of residents at night.

The actions not completed or not fully addressed are repeated in the action plan that accompanies this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the previous inspection, it was identified that audits completed had not yet been collated in a quality improvement plan in consultation with the residents. The inspectors saw that a quality improvement plan had been completed for 2016 and this had been made available to staff, residents and relatives. The PIC had sought feedback on the report from a sample of the residents and relatives and this feedback had been collated and reviewed by the person in charge. Residents were also consulted regarding the quality of the service through the in-house resident meetings.

A new Assistant Director of Nursing (ADON) had been appointed since the last inspector and the inspectors saw that a proactive approach had been taken by the PIC and ADON to addressing the actions from the last inspection. 14 of the 20 actions had been addressed and the remaining 6 were partially addressed. Most of these were still within the agreed time frame for completion.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

At the previous inspection inspectors identified that the complaints procedure was not clearly summarised in the guide in a manner which allowed the resident to clearly understand the procedure. This action was addressed and the residents guide had been reviewed and amended to include the complaints procedure.

At the previous inspection inspectors identified that charges for additional services such as chiropody were not covered were not clearly explained in the contracts of care. The inspectors reviewed a sample of contracts which had been reviewed and an appendix attached outlining any additional charges for services.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the previous inspection, it was identified that care documentation, including residents care plans, were poorly completed and lacked sufficient detail to guide care. This action was partially addressed and the provider was still within the agreed time frame to fully address this action. There was evidence that there had been a review of care documentation and improvements were noted in some care plans reviewed by inspectors. Inspectors found that some care records were still not maintained in a manner so as to allow ease of retrieval and it was sometimes difficult to track the residents' progress. Inspectors found that some records of residents' food intake and fluid balance were not completed accurately or comprehensively. There was poor linkage between some nutritional assessments and care plans and some care plans had not been updated appropriately.

The person in charge and the Assistant Director of Nursing had completed one to one

training on care planning with all nursing staff. A new electronic care planning system was researched and inspectors were advised that further training will be provided to staff in relation to this system. As this action is still within the agreed time frame it is repeated in the action plan that accompanies this report.

Judgment:

Non Compliant - Moderate

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the previous inspection inspectors identified that there were no specific behaviour support plans available for residents with dementia to ensure a consistent approach to the management of the behaviours expressed. This action was partially addressed however further work was required.

Inspectors found some information to guide staff on the management of behaviours was contained in the care plan on maintaining a safe environment care plans but this was not available for all residents who had behaviours associated with their dementia. The person in charge said that she was working to ensure that a specific behaviour support plan was in place to support all residents. She told the inspectors that she and the ADON had identified that there was a poor understanding by staff of the rationale for the development and implementation of behaviour support plans and staff required education in relation to dementia to enable them to have an understanding of the condition, the manner in which it contributes to the residents behaviours and how this impacts on their role as a supportive care giver.

Two training sessions had taken place and inspectors saw that further sessions were scheduled. The person in charge stated that behaviour support plans would then be put in place. This action is repeated in the report that accompanies this report.

Judgment:

Substantially Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the previous inspection inspectors identified that the arrangements for identifying recording, investigating and learning from serious incidents was inadequate. A new falls prevention programme had been introduced and there was a significant reduction in the number of falls occurring.

Inspectors reviewed the centres accident and incident log. Incident forms were adequately completed and where a resident sustained an unwitnessed fall or a head injury, neurological observations were recorded. A new falls diary had been introduced and the person in charge said she reviewed all falls as they occurred and on a monthly basis to monitor any trends emerging.

A Physiotherapist was now employed and worked in the centre three days a week and inspectors saw that any residents who sustained a fall were assessed by the Physiotherapist. There was evidence of analysis of the cause of all falls and that corrective/ preventative action was taken to prevent further fall.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the last inspection it was identified that some care plans had not been reviewed four monthly or in response to a change in the residents' condition as required by the regulations. A full review of the care plan documentation had commenced and work was

ongoing to complete. One to one Nurse training on care planning process delivered. A documented handover process had been introduced to improve communication between shifts.

Each resident has now being assigned a named Nurse. This Nurse is responsible for the updating and review of the Residents care plan in consultation with the Resident and the family. The Nurses are allocated protected time as required to ensure the care plans are reflective of the care delivered. This is achieved by the CNM/ADON relieving the Nurses from their daily clinical duties. Some care plans had not yet been reviewed and were still generic and lacking sufficient detail to guide staff and manage the needs identified. An action on this is set out under outcome 5, documentation to be kept at a designated centre.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the previous inspection, inspectors identified that there was no emergency call bell provided in the communal areas and some areas of the centre, including the enclosed garden, were not in use. Emergency Call bells had been installed in each of the four communal areas and were observed to be used by residents. The use of the available communal space had improved and inspectors saw that these were used for activities, family visits, art classes' and one to one therapeutic programmes. Families were encouraged to use some of the rooms off the main reception area for visiting and for family events.

The person in charge stated that the coffee dock opening hours had been extended on a trial basis for six weeks but the uptake did not warrant or cover the cost of the operation. The coffee dock was open from Monday to Friday for residents and visitors and tea and coffee making facilities were provided for families outside of these hours. The availability of a garden area situated between the two units as a safe external space for residents had been considered by the Board of management. The provider was still within the agreed time frame for addressing this action.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
At the previous inspection inspectors identified that the complaints forms didn't evidence if complainants were satisfied with the outcome complaints or if they made aware of the complaints procedure. This action was addressed. In the sample of complaints reviewed by inspectors the complainants' satisfaction was clearly indicated. Complaints were now been audited on a monthly basis by the person in charge. Inspectors saw that the complaints procedure included details of an independent appeals process.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
At the previous inspection inspectors identified that there were not enough organised activities to keep residents engaged in a meaningful way.

Inspectors saw that resident's interests were now assessed in social assessment called a

key to me. A questionnaire had been completed with all residents to help gather this information and this was been used to assist in the development of activities programme. An activities coordinator had been employed to coordinate the activities schedule. A second staff member had completed training in Sonas (a therapeutic one to one activity for residents with a cognitive impairment.)
Further work was required to further develop the social care programme so it is linked to residents' interests particularly for residents who spend long periods in their bedrooms.

Judgment:
Substantially Compliant

Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
At the previous inspection inspectors identified that the system for ensuring residents laundry was safely returned to them after been laundered required review.

Inspectors saw that each resident had a key carer assigned to them who was responsible for updating their property lists on a three monthly basis. The rota for laundry staff had been changed to ensure that there are no two consecutive days where the laundry is unstaffed. Towels and Sheets were now sent to an external laundry service to reduce the volume of work.

Judgment:
Compliant

***Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the previous inspection inspectors identified that the allocation and deployment of staff was not adequately meeting the needs of residents.

Inspectors saw that a daily staff allocation was been completed to ensure appropriate care and supervision of residents. Staffing levels had been reviewed by the person in charge and had been increased. A new Assistant Director of Nursing ADON had been appointed since the last inspection and worked on a supernumerary basis overseeing care practice between twenty hours and forty hours per week. The staffing rota had been revised and the shift pattern for the nursing staff has been changed to ensure there were two nurses on duty on each unit until 18.00hrs in the evening which increased staffing by 4.5 hours added per day.

Inspectors saw that two additional care assistants' posts had been created and added to rota from 08.00am to 13.00 to each care unit per day. As discussed under outcome 16, a new activities coordinator had joined the staff and commenced work.

The inspectors examined a sample of staff files and found that they contained all of the information required under schedule 2 of the regulations.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Nazareth House Nursing Home Sligo
Centre ID:	OSV-0000369
Date of inspection:	23/02/2017
Date of response:	25/04/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some care documentation including residents care plans were poorly completed and lacked sufficient detail to guide care. Records of residents' food intake and fluid balance were not completed accurately or comprehensively. There was poor linkage between some nutritional assessments and care plans and some care plans had not been updated.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 21(1) you are required to: 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.

Please state the actions you have taken or are planning to take:

Further reviews of the care documentation and care plans have been completed since the date of inspection resulting in:

An audit of all 68 care plans completed by 7th April 2017 with the care plans now being more person centred and specific to guide staff in delivering care. Any gaps in this area will be corrected by 26th May 2017.

A comprehensive audit of the fluid charts of those residents requiring them was completed by 23rd March 2017 and the system in place now demonstrates the linkage between nutritional assessments and the updated care plans.

Further training and support of staff in relation to the understanding and formulation of Care Plans will be undertaken as part of the implementation of the new computerised care management system.

The installation of Wi-Fi in the nursing home will be completed by 25th April 2017. This will then allow for the implementation of the new integrated care home management software solution to be completed by 31st May 2017.

The software system will include:

- Comprehensive Evidence Based Care Plans
- Assessments, Weights and Measures
- Graphical displays of measurement and assessment history
- Management of Incidents, Compliments and Complaints
- Progress notes and reporting

The implementation of the system will include:

- 8 days of staff training on care planning in the new management software system
- 2 days of training in "live" implementation of the system

Proposed Timescale: 31/05/2017

Outcome 07: Safeguarding and Safety**Theme:**

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Information to guide staff on the management of behaviours was not available for all residents who had behaviours associated with their dementia

2. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:

The person in charge has ensured that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging by completing one module every month of the 12 modules of Dementia Care Training. This training commenced in January 2017 and the final module will be completed in December 2017.

Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive. This will be completed by 30th April 2017

An individual "Behaviour Care Plan" has now been implemented as a "stand alone" risk analysis document identifying the resident with a specific behaviour that requires managing the behaviours and interventions required. These plans will be completed by 26th May 2017.

Proposed Timescale: 26th May and 31st December 2017

Proposed Timescale: 01/12/2017

Outcome 12: Safe and Suitable Premises**Theme:**

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was still inadequate access to a safe external space for residents

3. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

The PIC with the support of the Provider remains committed to the development of a safe enclosed outside area for residents. Works in this area will be completed by 30th June 2017.

Proposed Timescale: 30/06/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Further work was required to develop the social care programme further so it is linked to residents' interests particularly for residents who spend long periods in their bedrooms.

4. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:

An Activities Co-ordinator has now taken up employment and is liaising with residents to identify their needs and preferences in relation to activities so that the centre can provide opportunities for residents to participate in activities in accordance with their interests and capacities. There will be individualised assessments undertaken to assist in the development and formation of an activities programme.

The assessments carried out under the activities programme will also include residents who spend long periods in their bedrooms while respecting their wishes to engage in such programmes. This will be completed by 31st May 2017

The centre will establish an activities steering committee which will comprise of Residents, Family members, Staff and management representative. Facilities for occupation and recreation of the residents will form part of the committee's agenda. This will be completed by 30th June 2017

Proposed Timescale: 31st May 2017 & 30th June 2017

Proposed Timescale: 30/06/2017