**Health Information and Quality Authority**
**Regulation Directorate**

**Inspection report**
**Designated centres for older people**

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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| **Centre name:** | Nazareth House |
| **Centre ID:** | 0149 |
| **Centre address:** | Malahide Road<br>Dublin 3 |
| **Telephone number:** | 01-8338205 |
| **Email address:** | maura.hooper@nazarethcare.com |
| **Type of centre:** | ☐ **Private** ☒ **Voluntary** ☐ **Public** |
| **Registered provider:** | Sisters of Nazareth |
| **Person authorised to act on behalf of the provider:** | Maura Hooper |
| **Person in charge:** | Catriona Hayden |
| **Date of inspection:** | 1 October 2013 |
| **Time inspection took place:** | **Start:** 12:00 hrs **Completion:** 19:05 hrs |
| **Lead inspector:** | Nuala Rafferty |
| **Support inspector:** | N/A |
| **Type of inspection:** | ☐ Announced ☒ Unannounced |
| **Number of residents on the date of inspection:** | 86 |
| **Number of vacancies on the date of inspection:** | 1 |

## 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 their 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
- 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.

**Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

This inspection report sets out the findings of a monitoring inspection to:

☒ follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken

☒ address a specific issue based on information received.

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

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| **Outcome 1:** Statement of Purpose | ☐ |
| **Outcome 2:** Contract for the Provision of Services | ☒ |
| **Outcome 3:** Suitable Person in Charge | ☐ |
| **Outcome 4:** Records and documentation to be kept at a designated centres | ☒ |
| **Outcome 5:** Absence of the person in charge | ☐ |
| **Outcome 6:** Safeguarding and Safety | ☐ |
| **Outcome 7:** Health and Safety and Risk Management | ☒ |
| **Outcome 8:** Medication Management | ☒ |
| **Outcome 9:** Notification of Incidents | ☒ |
| **Outcome 10:** Reviewing and improving the quality and safety of care | ☒ |
| **Outcome 11:** Health and Social Care Needs | ☒ |
| **Outcome 12:** Safe and Suitable Premises | ☒ |
| **Outcome 13:** Complaints procedures | ☐ |
| **Outcome 14:** End of Life Care | ☒ |
| **Outcome 15:** Food and Nutrition | ☐ |
| **Outcome 16:** Residents' Rights, Dignity and Consultation | ☐ |
| **Outcome 17:** Residents' clothing and personal property and possessions | ☒ |
| **Outcome 18:** Suitable Staffing | ☒ |

This monitoring inspection was unannounced and took place over one day the inspector met with residents and staff members observed practices and reviewed documentation such as policies and procedures care plans, medical records and directory of residents.

This was the eight inspection of Nazareth House Nursing Home by the Health Information and Quality Authority's (the Authority) Regulation Directorate and was a one day follow-up inspection.

The centre had its first registration inspection on 27 and 28 April 2010. Follow-up or monitoring inspections were subsequently carried out on 9 September 2010, 10 January, 19 June and 3 December 2012 and 28 February 2013.

A renewal of registration inspection took place on 17 and 18 July 2013 and the purpose of this inspection was to follow up on matters arising from that registration inspection and to monitor progress on the actions required. The inspection also took account of information received in the form of notifications from the centre and unsolicited information received from a member of the public.

It was found that although some progress was made by the provider in implementing the required improvements identified by the registration and subsequent follow up inspections, recurrent issues identified on previous inspections persist, in particular deficiencies in key areas of staffing, care planning and risk management.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

## Outcomes covered on inspection

**Theme: Safe care and support**
*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users*.

**Outcome 7:** Health and Safety and Risk Management

Findings in relation to the actions required further to the registration inspection are reflected in Outcome 7 under 'actions reviewed' later in this report.

Risk management issues were also reviewed as a result of information received in the form of notifications from the centre and unsolicited information received from a member of the public.

Two NF03 notifications related to injuries sustained by residents as a result of spillages. In both instances the residents were unsupervised with hot liquids. Documentation reviewed during this visit did not provide sufficient information to allow the inspector form a judgement on the adequacy or appropriateness of the clinical response and management of the incidences. It was found that a review of the measures in place to prevent or reduce recurrence was not initiated. At the conclusion of the inspection the person in charge was advised that further information was required to make a determination on the management of the incidences and a request for this information was subsequently sent to the provider

and person in charge on the day following the inspection. These incidences reflect the risks associated with the design and layout of the centre, inconsistent or insufficient supervision systems, inadequate staffing levels or skill mix and have a negative impact on residents care and welfare.

Unsolicited information received by the Authority identified concerns in the following areas:

- residents with limited or no mobility having no access to drinking water
- toilets and shower areas dirty
- poor staff responses to resident's requests for assistance with going to ythe toilet.

The concerns outlined in the information received were not upheld on this inspection. During the visit the inspector viewed several en suite toilet/bathrooms, both shared and private on every corridor throughout the centre. Between 12.40pm and 2pm, a sample number of 10 toilet and shower areas were viewed. All were found to be visually clean, odour free and the majority contained visual evidence of use of disinfectant in the toilet bowl. Similarly, in every bedroom viewed, a jug of covered water and glass was found in proximity to the resident or the resident's bed.

Throughout the inspection interactions between staff and residents were found to be respectful, dignified helpful and solicitous. The inspector observed staff assisting residents with meals, going to the toilet and escorting while mobilising. On one occasion, a member of staff called to a resident's room just for a chat, later the inspector observed a staff member being given a small bunch of roses. In conversation with several residents, all stated that staff were kind and quick to respond to requests for assistance.

**Outcome 8:** Medication Management
This outcome was not reviewed in full. However, during the visit the inspector noted that nutritional supplement drinks prescribed for residents were left in residents' rooms. Most though not all were unopened. None were labelled to identify the time or date of administration and therefore neither the staff, clinical nurse managers' or the residents themselves could clearly identify when the supplement was administered or how long it was there. This was discussed with the person in charge who had already identified this as an issue on a recent medical audit and was liaising with pharmacists on improving the administration process in line with best practice.

## Actions reviewed on inspection:

**Theme: Governance, Leadership and Management**

***Outcome 2: Contract for the provision of services***

**Action required from previous inspection:**
Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

This action was addressed. The contract of care was amended to reference the fees which would be charged for services outside of the contract. A further amendment was made in relation to the termination of the contract whereby the term, with immediate effect, was removed and a clause inserted stating that such discharge would be planned in consultation with the person in charge, multi disciplinary team, resident and family.

***Outcome 4: Records and documentation to be kept at a designated centre***

**Action required from previous inspection:**

Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Regulations in a manner so to ensure completeness, accuracy and ease of retrieval.

Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Regulations up-to-date and in good order and in a safe and secure place.

Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years. Establish and maintain an up-to-date directory of residents in relation to every resident in the designated centre in an electronic or manual format and make this information available to inspectors as and when requested.

Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

This action was fully addressed with the exception of the emergency plan which is referenced under Outcome 7. A full review of policies and procedures in the centre is progressing and several were fully completed. All those viewed were noted to be centre specific and reflected up to date evidence based research.

Residents' property lists were in place and a sample viewed indicated they were up to date and contents signed by staff and residents. Where residents did not have capacity they were countersigned by a second staff member.

A revised directory of residents was in place which met all of the requirements of the legislation and was being maintained. All aspects of residents' confidential information in relation to their care and welfare were stored appropriately and safely.

### *Outcome 7: Health and safety and risk management*

**Action required from previous inspection:**

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

This action was partially addressed. The implementation of systems in place to prevent, reduce and manage falls had improved with a consequent reduction in the number of falls to residents since the registration inspection. Only one resident was referred to the acute services for review post fall since the last inspection and it was noted that vital signs including full neurological observations were monitored and documented.

The risk register was reviewed and had been revised by the person in charge to include the identification of environmental and operational hazards such as

- internal ramps
- laundry
- external grounds
- infection control risks
- moving and handling.

However, as identified under outcomes reviewed on inspection above, risk management remains a concern and risks relating to the management of clinical emergencies were found. The emergency plan was not revised to include guidance on the management of clinical or medical emergencies as identified on the registration inspection.

### *Outcome 9: Notification of incidents*

**Action required from previous inspection:**
Give notice to the Chief Inspector immediately of the occurrence in the designated centre of any serious injury to a resident.

This action was addressed and notifications of incidents have been received in a timely manner. Additional detail as requested on the last inspection to assist the Authority has been included although further follow up information where residents condition deteriorates or are transferred to the acute services post incident should also be subsequently provided where necessary.

## Theme: Effective care and support

### *Outcome 10: Reviewing and improving the quality and safety of care*

**Action required from previous inspection:**
Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector

A copy of the report on quality monitoring and improvements made was not accessible on inspection and was to be forwarded to the Authority within days of the follow up inspection as evidence that this action was addressed. However this was not received.

### *Outcome 11: Health and social care needs*

**Action required from previous inspection:**

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Make each resident's care plan available to each resident.

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.

Revise each resident's care plan, after consultation with him/her.

Notify each resident of any review of his/her care plan.

This action was not addressed.

Although some improvements were found in relation to care planning and assessment of residents needs these were in the main limited to an increase in the level of involvement of residents or their relatives in the care planning process and reflecting a more person centred care approach to care planning.

Issues found on the registration inspection were not found to have been resolved on this visit. Recurrent issues included lack of monitoring of residents nutritional needs where weight loss was identified and restraints' such as bedrails remaining in use for many residents. Although restraint assessments indicated that previous less invasive interventions were trialled it did not identify the need for restraint or whether the restraint used was suitable for the residents needs without restricting the resident unnecessarily. Evidence that residents' personal care needs were maintained, for example, regular release schedules from the restraint, were not in place.

In general, residents were found to have access to a good standard of healthcare Some aspects of care specifically in relation to the identification and management of clinical deterioration was found to be required and improved supervision of staff in the delivery and documentation of care to ensure fundamental needs are met should be prioritised. End-of-life care, and in particular the overall management of the clinical deterioration of residents receiving end-of-life care was identified as requiring urgent review.

Evidence that all care needs were being met for every resident was not available. As previously stated, some improvements to care plans general nursing documentation is required such as, reference to inputs by allied health professionals including recommended interventions with review of their effectiveness was not documented in all care plans.

### *Outcome 12: Safe and suitable premises*

**Action required from previous inspection:**

Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Provide a high standard of evidence-based nursing practice.

This action was not fully reviewed as the timeframe for completion has not yet expired. However, in discussion with the Chief Executive Officer of the provider entity and the person in charge, the inspector was satisfied that progress is being made to address in a reasonable planned and timely manner to ensure the premises meet the Regulations by June 2015. The inspector was informed that a management plan

would be formulated and a copy provided to the Authority as soon as possible further to the in depth operational and financial analysis currently being undertaken by external consultants.

### *Outcome 14: End of life care*

**Action required from previous inspection:**

Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

Facilitate the religious and cultural practices of each resident approaching end of life.

Identify and facilitate each resident's choice as to the place of death, including the option of a single room or returning home.

Put in place written operational policies and protocols for end of life care.

This action was not sufficiently addressed. On review of documentation to manage end-of-life care needs it was found that appropriate holistic assessments and care plans were not in place to manage residents' specific needs. In conversation with staff it was acknowledged that not for resuscitation decisions were not yet reviewed, primarily due to staff fears of causing upset to residents or their relatives.

Although the end-of-life care policy was found to be revised and reflective of current research with contact details for accessing local palliative care teams, the need to establish residents religious or spiritual needs or preferences and the decision making processes for establishing capacity for consent. The policy had not yet been implemented and therefore staff had not yet been provided with the policy or awareness training on its contents. It is acknowledged that the review of the policy was in depth and was concluded in a relatively short time frame. However, the findings on this inspection identifies a need to prioritise the implementation of the policy in full with close monitoring by the management team.

### *Outcome 17: Residents' clothing and personal property and possessions*

**Action required from previous inspection:**

Put in place written operational policies and procedures relating to residents' personal property and possessions.

Maintain an up to date record of each resident's personal property that is signed by the resident.

This action was fully addressed. Evidence that records of personal possessions were maintained and up to date and that the policy was revised to fully reflect the Regulations was found.

## Theme: Workforce

### *Outcome 18: Suitable staffing*

**Action required from previous inspection:**

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Supervise all staff members on an appropriate basis pertinent to their role.

Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

This action was partially addressed. Evidence that a recruitment process had commenced was provided and documentation viewed showed that four additional nurse's would commence duty prior to the end of October. However, although a reduction in the numbers of falls sustained by residents was noted, it was found that the numbers and skill mix of staff remained unchanged and was not adequate to meet residents' individual and collective needs in a holistic manner.

Sufficient and consistent supervision for residents, appropriate supervision of care delivery, appropriate and timely review and management of the signs and symptoms of clinical deterioration remain a concern as previously outlined under outcomes seven and eleven earlier in this report.

A commitment was provided by the person in charge and re iterated by the Chief Executive Officer of the provider entity that one extra nurse on day shift and one extra on night shift would be in place by December 2013 with a further additional nurse on day shift in January 2014.

### *Report compiled by:*

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

4 October 2013

**Health Information and Quality Authority**
**Regulation Directorate**

**Action Plan**

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

## Provider's response to inspection report *

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| **Centre Name:** | Nazareth House Nursing Home |
| **Centre ID:** | 0149 |
| **Date of inspection:** | 1 October 2013 |
| **Date of response:** | 29 October 2013 and 5 November 2013 |

## Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

## Theme: Safe care and support

### *Outcome 7: Health and safety and risk management*

**The provider is failing to comply with a regulatory requirement in the following respect:**

Systems in place to identify assess manage and review risks throughout the centre were not sufficiently robust or were not implemented to safeguard all residents.

Risks previously identified associated with the design and layout of the centre, supervision systems and staffing levels and skill mix continue to have a high negative impact on residents care and welfare and must be addressed as a matter of urgency.

The emergency plan was not revised to include guidance on the management of clinical or medical emergencies.

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

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| **Action required:**<br><br>Put in place a comprehensive written risk management policy and implement this throughout the designated centre. | |
| **Action required:**<br><br>Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified. | |
| **Action required**<br><br>Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. | |
| **Action required**<br><br>Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm. | |
| **Reference:**<br>Health Act, 2007<br>Regulation 31: Risk Management Procedures<br>Standard 26: Health and Safety<br>Standard 29: Management Systems | |
| **Please state the actions you have taken or are planning to take with timescales:** | **Timescale:** |
| Provider's response:<br><br>A comprehensive live risk management register, prepared by an external consultant in consultation with management, has been prepared and will be implemented through staff training by the consultant.<br><br>All current clinical risks requiring further controls will be identified and actioned through the Clinical Governance Committee.<br><br>A Gap analysis of the Health and Safety clinical and non clinical risks has been reviewed and areas that require further preventative controls have been identified. Named people have areas of responsibility for completion of this within a structured time-frame. Management will keep this under constant review | November 27th 2013<br><br>On-going<br><br>Commenced and for completion on November 27th 2013 and constant review |

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| through the clinical governance and health and safety committee meetings.<br><br>Arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents are covered in the revised Health & Safety Statement and also the revised Risk Management Policy.<br><br>Assault, absence of a resident, accidental injuries, aggression, violence and self-harm are described in the risk management policy and the current controls are identified in the Health and Safety Statement. | Commence on the 7th and completed on 31st October 2013<br><br>Completed |

***Outcome 8: Medication management***

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| **The provider is failing to comply with a regulatory requirement in the following respect:**<br><br>The administration of medication observed by inspectors was not in line with An Bord Altranais agus Cnáimhseachais na hÉireann guidance to nurses and midwives. | |
| **Action required:**<br><br>Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures. | |
| **Reference:**<br>Health Act, 2007<br>Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines<br>Standard 14: Medication Management | |
| **Please state the actions you have taken or are planning to take with timescales:** | **Timescale:** |
| Provider's response:<br><br>Existing practices and comprehensive operational policies relating to the ordering, prescribing, storing and administration of Medicines continue to be in operation within Nazareth House and staff will continue to receive regular training and supervision in the area of medication management.<br><br>Nurses are being given protected time while on duty, to partake in the An Bord Altranais e-learning programme for medication management. CNM's are now actively supervising medication rounds. | Completed / On going<br><br>Commenced November 4th 2013 |

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| All medication including supplements is now being labelled and dated on administration. | Completed |

***Outcome 10: Reviewing and improving the quality and safety of care***

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| **The provider is failing to comply with a regulatory requirement in the following respect:**<br><br>The findings of reviews in respect of ongoing quality monitoring and continuous improvement had not yet resulted in a report which should be made available to residents and the Chief Inspector. | |
| **Action required:**<br><br>Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector. | |
| **Reference:**<br>Health Act, 2007<br>Regulation 35: Review of Quality and Safety of Care and Quality of Life<br>Standard 30: Quality Assurance and Continuous Improvement. | |
| **Please state the actions you have taken or are planning to take with timescales:** | **Timescale:** |
| Provider's response:<br><br>The inspector was provided with the monthly quality improvement audit report showing the level of incidence of slips, trips, falls, catheters, psychotropic drugs, weight loss etc, in the nursing home.<br><br>It is planned to complete the quality improvement audits on a fortnightly basis allowing for the identification by management and staff of at-risk residents so that appropriate and immediate interventions can take place.<br><br>The information is shared at staff meetings and made available on an individual basis to the resident and their families. | Completed<br><br>Commenced<br><br>On-going |

## Theme: Effective care and support

### *Outcome 11: Health and social care needs*

**The person in charge is failing to comply with a regulatory requirement in the following respect:**

Care plans and interventions were generalised not fully reflective of best practice. and not specific to individual residents.

Care plans for every identified need was not in place for all residents or were not specific enough to manage those needs.

All care plans were not revised as required by residents changing needs.

Care plans and risk assessments were not linked did not include the recommended interventions of allied health professionals and were not consistent.

It was not always evident if the resident was consulted with or kept informed about revisions made to their care plan.

**Action required:**

Set out each resident's needs in an individual care plan developed and agreed with the resident.

**Action required:**

Make each resident's care plan available to each resident.

**Action required:**

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.

**Action required:**

Revise each resident's care plan, after consultation with him/her.

**Action required:**

Notify each resident of any review of his/her care plan.

**Reference:**

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 17: Autonomy and Independence

| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
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| Provider's response:<br><br>There is now a process in place to ensure care plans are reviewed in a timely manner to reflect residents changing needs and these include imput from the multidisciplinary team. A nominated nurse takes responsibility for these reviews and these in turn will be audited by the CNM's in December.<br><br>Care plans are drawn up in consultation with each resident and/or their nominated person. They and/or their nominated person are made aware that care plans are kept at the nurses' station for review purposes. All care plans are reviewed at a minimum of three monthly intervals and/or as the resident's needs change.<br><br>Further training in care planning is to be held on the 11th of December by an external company. | <br><br>Commenced October4th and on-going<br><br>Continuous and three monthly<br><br>December 11th 2013 |

**The provider is failing to comply with a regulatory requirement in the following respect:**

Systems in place to ensure residents are facilitated to receive all appropriate health care as required in order to achieve and enjoy the best possible health were not sufficiently robust and required review as evidenced by the following:

- lack of suitable and sufficient in recognising and responding to signs of clinical deterioration
- forms used for documentation of care delivery were incomplete and required improved review by the nursing team
- there was a high use of restraint that did not evidence whether the restraint used was suitable for the residents needs without restricting the resident unnecessarily
- regular release schedules were not in place.

**Action required:**

Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

**Action required:**

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

| **Action required:**<br><br>Provide a high standard of evidence-based nursing practice. | |
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| **Reference:**<br>Health Act, 2007<br>Regulation 6: General Welfare and Protection<br>Regulation: 9: Health Care<br>Standard 13: Healthcare<br>Standard 18: Routines and Expectations | |
| **Please state the actions you have taken or are planning to take with timescales:** | **Timescale:** |
| Provider's response:<br><br>The National Early Warning Score has been identified as a useful indicator of change in a resident's condition and following staff training we will commence using the ISBAR forms **(I**dentify, **S**ituation, **B**ackground, **A**ssessment, **B**ackground) forms.<br><br>Nazareth house is committed to a restraint free environment. Bed rails are the only form of restraint / enabler used. A risk assessment is carried out and the resident, staff, medical practitioner and next of kin are consulted with this and consent is signed for.<br><br>Residents are monitored at half hourly intervals and release schedules are recorded appropriately two to four hourly when re-positioned and toileted.<br><br>Further education on the restraint policy will take place on December 12th 2013. | Commenced November 4th 2013<br><br>Completed<br><br>Commenced October 4th 2013<br><br>December 12th 2013 |

***Outcome 12: Safe and suitable premises***

| **The provider is failing to comply with a regulatory requirement in the following respect:**<br><br>The design and layout of the centre was not entirely suitable for the stated purpose and function. Inspectors found that there were a number of aspects of the premises which did not comply with the Regulations and the Authority's Standards. These aspects are outlined in the body of this report and a management plan is required to address these deficiencies by July 2015.<br><br>Such plan should also address ongoing maintenance and provision, replacement or repair of equipment required to ensure residents' needs are fully met. |
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| **Action required:**<br><br>Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents. |
| **Action required:**<br><br>Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents. |
| **Action required:**<br><br>Ensure the premises are of sound construction and kept in a good state of repair externally and internally. |
| **Action required:**<br><br>Maintain the equipment for use by residents or people who work at the designated centre in good working order. |
| **Action required:**<br><br>Keep all parts of the designated centre clean and suitably decorated. |
| **Action required:**<br><br>Provide adequate private and communal accommodation for residents. |
| **Action required:**<br><br>Ensure the size and layout of rooms occupied or used by residents are suitable for their needs. |
| **Action required:**<br><br>Provide adequate sitting, recreational and dining space separate to the residents' private accommodation. |
| **Action required:**<br><br>Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises. |
| **Action required:**<br><br>Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required. |

| **Action required:**<br><br>Provide and maintain external grounds which are suitable for, and safe for use by residents. | |
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| **Reference:**<br>Health Act, 2007<br>Regulation 19: Premises<br>Standard 25: Physical Environment | |
| **Please state the actions you have taken or are planning to take with timescales:** | **Timescale:** |
| Provider's response:<br><br>BDO (under the direction of Brian McEnery, Partner, assisted by Austin Hickey, Senior Manager and Brian Haugh, Senior Manager, Corporate Finance & Recovery) were appointed advisers to the Sisters of Nazareth (Nazareth Care Ireland (NCI)) in March 2013 and specifically to Nazareth House, Malahide Road, Dublin 3 in July 2013.<br>The purpose of their appointment, which is on-going, is to conduct a strategic review of each of the group's nursing and care homes located throughout Ireland.<br>A key objective of these reviews is to determine the long-term viability of each home and where appropriate make recommendations in relation to future capital expenditure requirements, operational and financial performance.<br>These recommendations are being made based on detailed analysis of the physical asset of each home, extensive operational and financial analysis conducted by BDO, and by reference to all HIQA inspection reports for each nursing home.<br>BDO's work-programme has been amended and their review of Nazareth House, Malahide Road accelerated following the HIQA Registration Renewal inspection in July, with this review taking precedence over the planned review of Nazareth House Belfast.<br>In tandem with this, John O'Mahoney, Regional CEO of Nazareth Care Ireland, has engaged a construction firm and associated advisers (design and build team) to examine options for the provision of additional or alternative nursing home accommodation on site in Nazareth House.<br>It is envisaged that this will see the development of a new purpose built nursing home, which would tie in with and compliment the recent and significant capital works which have taken place on the site. Several meetings have been held with the construction company and draft plans (subject to planning) are being drawn up for a purpose built unit with the emphasis on providing minimum disruption to the existing nursing home. It is anticipated that planning may be an obstacle.<br>The work of the design and build team will be integrated with the | December 2013 and subject to external permissions |

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| work being carried out by BDO. BDO will be making a draft presentation to the Executive board of Nazareth Care in London in the week commencing 2nd December in relation to the most appropriate solution for this site, and one which addresses the concerns raised by HIQA in their inspection report of 17th and 18th July 2013 and was raised again in the action plan for October 1st.<br>Both the work of BDO and the other advisers to Nazareth House is being undertaken as a matter of priority. BDO is under instruction to provide Nazareth House with recommendations in a timely fashion and in good order so that Nazareth House can take the necessary corrective action to ensure that the home is in full compliance with standard 25 - physical environment, in advance of the July 2015 deadline. | |

## Theme: Person-centred care and support

### *Outcome 14: End of life care*

**The provider is failing to comply with a regulatory requirement in the following respect:**

End of life care assessments were not fully completed and did not reflect comprehensive assessments other than recording religious persuasion.

The documentation of the decision making process on resuscitation did not record the inclusion of the residents' their family or nominated advocate or all relevant medical personnel and was not sufficiently transparent to determine the rationale for the decision made.

Decisions made prior to admission were not reviewed.

The revised policies in place were not implemented.

**Action required:**

Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

**Action required:**

Facilitate the religious and cultural practices of each resident approaching end of life.

**Action required:**

Identify and facilitate each resident's choice as to the place of death, including the option of a single room or returning home.

| **Action required:**<br><br>Put in place written operational policies and protocols for end of life care. | |
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| **Reference:**<br>Health Act, 2007<br>Regulation 14: End of Life Care<br>Standard 16: End of Life Care | |
| **Please state the actions you have taken or are planning to take with timescales:** | **Timescale:** |
| Provider's response:<br><br>Nazareth House will ensure that each resident continues to receive care at the end of his/her life which encompasses their physical, emotional, social and spiritual needs and respects their dignity and autonomy. To this end of life care assessments have now been completed in consultation with the resident and in accordance with the new End of Life Policy. On admission the resident's nominated person, acting as advocate, and members of the medical and nursing team are advised of the resident's wishes which include recognition of their religious or cultural beliefs and their expressed wishes.<br><br>A meeting will be organised with all medical doctors attending Nazareth House to discuss a standardised approach to end of life documentation. Letter to be sent on November 6th.<br><br>The end of life care policy is being communicated to the nursing and care staff in combination with the procedures and protocols allied to this, which are being kept under continuous review by both Nazareth House and St. Francis Hospice. | Commenced October 21st 2013 and on-going with care planning review<br><br>November 28th 2013<br><br>Commenced October 4th |

## Theme: Workforce

### *Outcome 18: Suitable staffing*

**The person in charge is failing to comply with a regulatory requirement in the following respect:**

A continuous review of the numbers and skill mix of staff to ensure appropriate levels are available to meet all residents' individual and collective needs is required due to:

- staffing levels were not adequate to meet residents assessed needs in an appropriate holistic manner
- injuries sustained by residents and continued use of restraint reflected the need for improved supervision for residents.
- appropriate supervision of the delivery of care was limited.

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| **Action required:**<br><br>Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre. | |
| **Action required:**<br><br>Supervise all staff members on an appropriate basis pertinent to their role. | |
| **Action required:**<br><br>Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Regulations, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents. | |
| **Reference:**<br>Health Act, 2007<br>Regulation 16: Staffing<br>Regulation 17: Training and Staff Development<br>Standard 23: Staffing Levels and Qualifications<br>Standard 24: Training and Supervision | |
| **Please state the actions you have taken or are planning to take with timescales:** | **Timescale:** |
| Provider's response:<br><br>A comprehensive audit on staffing levels and layout of the building has been carried out by BDO and by Nazareth House management, which shows that the home is operating at 3.7 direct care hours per resident. Management believe that the care hours are sufficiently high to meet the needs of the residents once the skills mix has been addressed and supervision improved. The home is conducting an analysis and restructuring of the rosters to ensure that adequate staffing levels and skill mix are available at peak times.<br><br>A new non-clinical policy on the supervision of staff has been completed. It was communicated to the heads of departments at their monthly meeting in September and will be reviewed as to it's effectiveness at the next meeting.<br><br>Practice development sessions have been commenced through the delivery of policy sessions by nurses to care assistants daily. The CNM's are now actively supervising care assistants while delivering personal care.<br><br>Staff education and information sessions on relevant legislation, the statement of purpose, policies and procedures are on-going. | January 31st 2014<br><br>Commenced September 22nd and for review November 21st.<br><br>Commenced October 2nd and on-going<br><br>Commenced June 1st and on-going. |