



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Little Flower Nursing Home
Name of provider:	Bridgelynn Limited
Address of centre:	Labane, Ardrahan, Galway
Type of inspection:	Unannounced
Date of inspection:	29 March 2021
Centre ID:	OSV-0000355
Fieldwork ID:	MON-0032427

About the designated centre

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

Little Flower nursing home is two storey in design and purpose built. It can accommodate up to 50 residents. It is located in a rural area, close to the village of Labane and many local amenities. Little Flower accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters predominantly for older persons who require general nursing care, respite and convalescent care. It also provides care for persons with dementia and Alzheimer's disease, mild to moderate brain injuries, mild intellectual disabilities, post orthopaedic surgery and post operative care. Bedroom accommodation is provided mainly on the ground floor in 14 single and 16 twin bedrooms. There are two single and one twin bedroom located on the first floor, a chair lift is provided between floors. There is a variety of communal day spaces provided including a dining room, day room, conservatory, oratory and large seated reception area. Residents also have access to a secure enclosed garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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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
Monday 29 March 2021	10:00hrs to 17:00hrs	Mary Costelloe	Lead
Monday 29 March 2021	10:00hrs to 17:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This centre had a significant outbreak of COVID-19. During the outbreak the authority was notified of 41 residents and 35 staff members who had tested positive for COVID-19. Sadly 3 residents passed away. The outbreak was declared over on 11 February 2021. During the outbreak of COVID-19 the normal routine and schedules of the centre had been disrupted by the restrictions in place. This had resulted in residents spending extended periods of time in their bedrooms. Some residents spoken with stated that the outbreak had been very worrying but they were relieved to have got through it and recovered from the virus. They were happy that the regular staff had returned to work and that things were getting back to normal.

Inspectors met the majority of residents present during the inspection and spoke to approximately eight residents in more detail. The overall feedback from residents was that the staff were very kind and caring, that they were well looked after and they were happy living in the centre. Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the restrictions and the COVID-19 pandemic. They told the inspectors that they had regular discussions with staff about the pandemic and how they had been provided with lots of information. Relatives spoken with on the day reported that there was effective communication with families throughout the outbreak and pandemic in general.

Inspectors arrived unannounced to the centre and the Director of Nursing (DON) guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspectors carried out a tour of the premises, where they also met and spoke with residents in the dining and day rooms.

On the morning of inspection, residents were seen to be up and about, some having their breakfasts in the dining room while others were relaxing reading the daily newspapers and watching current affairs on the large television screen in the main day room. Residents told inspectors how they enjoyed reading the newspapers which were delivered each morning.

Inspectors observed that there was a real coal fire lighting in the main day room and a large fire safety guard was in place. Residents told inspectors that they loved looking at the fire which they said gave great warmth and created a homely atmosphere. Inspectors noted that this room was supervised by staff throughout the day of inspection.

Inspectors observed that a number of residents were having their hairs washed, cut and styled in the hairdressing room. Residents told inspectors how they were lucky to be able to have their hair cut and styled given that hairdressers were closed due

to the level 5 restrictions in place.

Throughout the day, residents were observed partaking and enjoying a number of individual and small group activities. The activities coordinator was seen to encourage participation and stimulate conversation. Inspectors saw residents knitting, reading, completing cross words and puzzles. A group of residents were seen to enjoy playing card games together. Residents told the inspectors that the activities were important to them and they enjoyed the company of each other. Some residents said they were grateful for mobile phones, Skype and technology which they said helped them stay in contact with their families.

The observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

Some residents told inspectors how they liked to listen to the the local daily mass which was relayed on the radio. Others stated that they could view mass on the television and how they enjoyed reciting the daily rosary. The person in charge told inspectors that the local priest was scheduled to return to celebrate mass in the centre for Easter. There was a small oratory provided where residents could spend time in quiet reflective prayer.

Residents spoke of their delight that visits to the nursing home had recommenced. Inspectors were shown the new visiting area which had been constructed. Visitors could access the visiting area directly from outside the building, the area between the visitor and the residents was screened by a glass partition. Residents commented that they were satisfied and happy with the arrangements stating that 'it was great that relatives could now visit without getting wet'.

The centre was seen to be bright and well decorated throughout. There was appropriate directional signage provided on doors and corridors to assist residents in finding their way around the centre. There was ample space for the movement of any specialised or assistive equipment that a resident might require. Plenty of communal space was provided in a variety of settings. Grab-rails and handrails were provided to bathrooms and corridors. Residents were observed to be moving about as they wished within the centre.

Overall the general environment and residents' bedrooms, communal areas, toilets, bathrooms and sluice facilities inspected appeared clean with few exceptions. The provider was endeavouring to improve current facilities and physical infrastructure at the centre through ongoing maintenance works. On the day of inspection, the external windows were being washed and cleaned. Painting of internal woodwork was also taking place. While the inspectors noted that the centre provided a homely environment for residents, some improvements were required in respect of the premises and infection prevention and control. For example, some surfaces and finishes including wood finishes and flooring were worn and poorly maintained, covers of some mattresses were worn or torn from wear and tear and as such did not facilitate effective cleaning. Facilities for and access to staff clinical hand wash facilities in the centre did not ensure they could be accessed easily when needed.

Inspectors saw that there were hand sanitizers at the entrance to the centre on the corridors and in the communal areas, these were seen to be used throughout the inspection by residents and staff.

Inspectors spoke with some residents who choose to remain in their bedrooms. Residents told the inspectors that they were happy and comfortable in their rooms. Residents were encouraged to personalise their bedrooms. The inspectors observed that there were televisions in all bedrooms and some of the residents had personalised their bedrooms with their own family photographs, ornaments and plants. The inspectors observed that many of the bedrooms had a wallpaper feature wall with coordinating curtains and bed linen which provided a warm and homely feeling.

Inspectors noted that the privacy and dignity of residents was well respected. All residents had single or twin bedrooms. There was adequate privacy curtains in shared bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

Residents had access to well maintained enclosed garden courtyard areas which were easily accessible. The doors to the enclosed garden area were open on the day of inspection. There were flowers, shrubs and flowering trees on the grounds. Residents could view the gardens and bird feeding stations from the main day room. Some residents told the inspectors that they enjoyed going for walks and spending time outside during the fine weather. There were photographs displayed which showed residents enjoying a variety of activities outdoors during the warm weather.

Most residents reported that the food was very good and that they were happy with the choice and variety of food offered. However, some residents told inspectors that they would prefer more choice and variety. One resident expressed a wish for "real butter". On the day of inspection, all residents choose to have bacon and cabbage, many reporting that it was one of their favourite meals. Inspectors observed that a variety of snacks and drinks were offered between meals times. Nursing staff continued to promote the fortification of food, to ensure that residents would benefit from a nutritious diet after COVID-19. Inspectors observed that modified diets were attractively presented. Residents were appropriately supported at mealtimes to go at their own pace and were served in accordance with their choices.

During the inspection there appeared to be adequate number of suitably qualified staff on duty to meet the dependency needs of the residents. Nursing levels had been increased since the COVID-19 outbreak, there were now two nurses on duty on both day and night shifts.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This inspection was an unannounced risk-based inspection conducted over one day.

The registered provider is Bridgelynn Ltd. The company has two directors, one who is actively involved in the day-to-day operation of this centre. The person in charge responsible for the day-to-day operations of the designated centre is also the registered provider representative. The person in charge is supported in her role by the assistant director of nursing and other staff members including nurses, carers, activities coordinator, housekeeping, catering and maintenance staff.

While the governance and management arrangements in the centre were effective prior to the outbreak of COVID-19, the unprecedented events during the outbreak highlighted previously unrecognised vulnerabilities within the management systems. The fact that the person-in-charge was also the provider was a weakness in the governance and management of this centre when this person was unavailable due to leave or when senior nurse managers including the person-in-charge were unavailable to work as a consequence of COVID-19.

During the outbreak, while the provider representative who was also the person in charge was unavailable in the centre due to the requirement to self-isolate, she continued to be involved remotely in the operational management of the centre. However, the provider did not have appropriate contingency plans in place that would ensure effective governance and management of the centre in the event that their representative on the ground was not available and could not maintain the service.

During the COVID-19 outbreak, due to the unavailability of the management team in the centre, concerns relating to governance and management of the centre, number of staff unavailable for work and resultant concern about the care of residents, the Health Service Executive (HSE) became involved in the operational management of the outbreak. The HSE provided a senior nurse manager and a nurse specialist in infection control. The HSE arranged for a geriatrician to review and assess the medical condition of residents, arranged and sourced a number of care staff to be deployed to attend to residents' care needs. The senior nurse manager remained on site until the person in charge returned on the 14 January 2021. The person in charge acknowledged and described the HSE team as being very supportive during the outbreak.

The centre had a good history of compliance with the regulations in the past, however, issues identified at the last inspection dated February 2020 relating to nursing and care planning documentation required further improvements.

This risk-based inspection was carried out following

- the notification to the Chief Inspector of an outbreak of COVID-19,

- concerns regarding the governance and management of the centre that arose during the recent outbreak of COVID-19

At the time of this inspection, all residents and staff had recovered. All residents and staff had completed their required period of isolation and the outbreak had been officially declared over by Public Health in February 2021.

All staff had been re-tested a few days prior to the inspection and test results had not detected COVID-19. Inspectors acknowledged that residents and staff living and working in the centre had been through a challenging time. Many staff that had not tested positive for COVID-19 had continued working in the centre throughout the outbreak in order to ensure that residents received the best care possible in the circumstances. Staff and management described heightened anxieties and the difficulties brought on by the COVID-19 pandemic. Staff expressed empathy with the residents and acknowledged that the recent outbreak of COVID-19 had been a difficult and anxious time for the residents. Counselling Services had been made available to staff who would like to talk about their experiences during the outbreak and the effect this has had on them.

The majority of staff and residents had received their COVID-19 vaccinations with only one resident waiting to receive their second vaccine. Residents expressed relief to have recently received their COVID-19 vaccinations and a hope that they would be able to go back to normal life as they lived before the pandemic started.

There were 46 residents accommodated in the centre on the day of inspection. Inspectors were satisfied that there were adequate staff on duty on the day to meet the needs of residents. Nurse staffing levels had been increased since the outbreak, there were now two nurses on duty covering both day and night shifts providing additional clinical care and oversight of residents. The hours allocated to housekeeping staff assigned to cleaning duties had also been increased. There were two cleaners on duty each day ensuring that that cleaning and infection control procedures were enhanced.

The management team had continued to evaluate its compliance with relevant standards and regulations and bring about improvements. The provider had also engaged an external consultant to carry out a review of infection control. Many of the improvements identified had been completed while others were in progress. Equipment including a new bed pan washer was awaiting delivery.

The person in charge advised inspectors that she was in the process of completing a documented review of the COVID-19 outbreak in the centre. This review was submitted the day following the inspection.

The provider had completed the annual review on the quality and safety of care in the centre for 2020, an improvement plan was included, the provider continued to invest in new equipment, furniture, fittings and a outdoor smoking shelter had been provided.

The provider continued to consult with residents. Regular resident committee meetings were held and feedback was sought from residents to improve practice

and service provision. Inspectors reviewed minutes of meetings and recently completed residents satisfaction questionnaires and noted there was general satisfaction with the service provided.

The management team ensured that safe and effective recruitment practices were in place. Staff had the required skills, experience and competencies to fulfill their roles and responsibilities. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures. The person in charge confirmed that all other staff and persons who provided services to residents had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure. Training records reviewed indicated that most staff had completed mandatory training and that training was scheduled on an ongoing basis. There was a training plan in place and further fire safety training was scheduled for 13 April 2021.

A review of training records and discussion with staff indicated that not all registered general nurses were provided with clinical training in the nursing management of indwelling devices relevant to their role in the centre. This is discussed further under regulation 16: Training and staff development.

Complaints were well managed in the centre. A clear policy was available to guide complaint management, and records were well maintained separately from any resident file or information. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner.

On the day of inspection all documents requested were made available to inspectors in a timely manner.

Regulation 15: Staffing

On the day of inspection staffing levels and skill-mix were sufficient to meet the assessed needs of 46 residents. Inspectors reviewed the staffing rosters and found that there were normally two nurses and seven care staff on duty in the morning and afternoon until 15.00 hours, two nurses and four care staff on duty in the evening, and two nurses and two carers on duty at night time. The person in charge was on duty during the week days.

The staffing compliment also included catering staff, household cleaning staff, laundry staff, an activities coordinator and a maintenance staff member.

Judgment: Compliant

Regulation 16: Training and staff development

All staff working in the centre had up-to date mandatory training in infection prevention and control, manual handling, safeguarding and managing behaviour that is challenging.

However inspectors were informed that the COVID-19 pandemic had interrupted the training programme due to the restrictions on groups of people congregating and on external people visiting the centre. As a result, some staff were overdue attendance at mandatory fire safety training which was scheduled for 13 April 2021.

A review of training records also indicated that not all nurses working in the centre had been provided with clinical training in the nursing management of indwelling devices relevant to their role in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider structure and management systems required review to ensure that there was adequate operational supports, leadership and oversight in the event of the registered provider representative and person in charge being unavailable in the centre.

Improvements were required to ensure effective oversight of nursing and care planning documentation, infection control, staff training, risk management and written policies and procedures.

Judgment: Not compliant

Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector of all incidents as required by the regulations. All notifications as required throughout the recent outbreak of COVID-19 had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors were satisfied that complaints were managed in line with the centre's complaints policy.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact information for the Office of the Ombudsman.

The inspectors reviewed the complaints log, there were no open complaints. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were in place and had been reviewed within the last three years. However, some improvements were required to ensure the availability of clinical guidelines. For example, there were no nursing guidelines available on the management of indwelling devices.

Judgment: Substantially compliant

Quality and safety

As outlined previously in this report, the centre had a significant outbreak of COVID-19, which was declared over by public health on the 11 February 2021.

During the COVID -19 outbreak, due to the unavailability of the management team in the centre, large numbers of staff unavailable for work and resultant concern about the care of residents, the Health Service Executive (HSE) became involved in the operational management of the outbreak. They provided a senior nurse manager and care staff to attend to residents' care needs as well as providing infection prevention and control oversight and arranging a medical review of all residents.

Residents' lives had been impacted by the COVID-19 restrictions and some of these were still in place at the time of the inspection. Visitor restrictions were in place, there had been no religious ceremonies taking place in-house, activities were limited to small groups and to those facilitated by staff in-house. Residents could not go on day trips or shopping trips as some residents used to do prior to the pandemic.

Overall, the quality and safety of care provided to residents on the day of inspection was of a good standard. Residents' medical and health care needs were met. There was evidence of consultation with residents. Staff were respectful of residents wishes and choices and had implemented a social care programme to meet the individual needs of residents as far as was practicable with the current restrictions in place.

There was still inadequate oversight of nursing and care planning documentation but improvements were noted to some care plans. Care plans in place were found to be more person centered and informative, however, inconsistencies were noted and further improvements were required to others to ensure accuracy and to reflect the care being provided.

The HSE arranged that all residents were medically assessed by a consultant geriatrician during the outbreak. All residents had since been reviewed by their own GP following the outbreak of COVID-19. Residents had access to allied health services and visits by health care professionals. The physiotherapist visited weekly, the speech and language therapist (SALT) was scheduled to visit the day following the inspection, the dietitian had continued to assess residents remotely and the chiropodist had recently visited. The inspectors saw that recommendations of allied health professionals were written up on residents files.

Staff continued to promote a restraint-free environment, there were five residents using bed rails at the time of inspection. Risk assessments which included alternatives trialled or considered, rationale, care plans and consent in line with national policy were in place. Psychotropic medications were prescribed on an 'as required' (PRN) basis for a small number of residents and were administered occasionally by nursing staff. However, there were no records maintained to indicate the rationale for administration of these medications, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine contrary to the restraint policy guidance.

Staff have been trained in the detection of COVID-19, and had been provided with up-to-date information in relation to the current symptom profile of the virus. While the majority of residents and staff had received their COVID-19 vaccinations, observations continued to be monitored daily as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

A number of issues which had the potential to impact on effective infection prevention and control were identified during the course of the inspection. These are discussed further under regulation 27: Infection prevention and control.

Residents were offered a choice of meals and meal options appeared appetising and nutritious. Residents spoke positively about the quality, quantity and choice of food available to them however, one resident said they would like more choice.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

The centre normally operated an open visiting policy but due to the Covid-19 pandemic visiting restrictions were in place in accordance with national guidance. Visiting was now being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents.

While there was a risk management policy and systems in place to review and update the risk register, the risks associated with the open fire in the main day room had not been documented.

Inspectors reviewed fire safety documentation and found that there were systems in place for the regular maintenance and servicing of the fire alarm and fire fighting equipment. Regular fire drills including day and night time scenarios had taken place. However, records reviewed lacked information regarding the evacuation needs and numbers of residents evacuated in each drill and therefore did not provide assurances that residents can be evacuated safely in a timely manner in the event of fire.

Regulation 11: Visits

Visits were being facilitated by appointment in a specially designed visiting area which had direct access from outdoors. Visits were facilitated seven days a week. Window visits continued to be unrestricted. Some residents met with visitors outdoors when the weather permitted. Residents and relatives spoken with stated that they were happy with the current arrangements. The person in charge advised inspectors that visiting arrangements would be kept under review and risk assessed appropriately once residents had completed two weeks post full vaccination. She advised that she was in the process of documenting a visiting plan for each resident.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to a safe supply of drinking water and were provided with choice at mealtimes. All food was freshly cooked on site.

The majority of residents reported satisfaction with the quality and quantity of food they were provided with. There was a rolling menu in place that included meal choices that were varied and nutritious.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy and risk register required updating to include a risk assessment of the open fire in the day room, as well as the measures and actions in place to control the risks identified.

Judgment: Substantially compliant

Regulation 27: Infection control

While some improvements were made in response to the outbreak, a number of barriers to effective infection prevention were identified on the day of inspection. For example;

- While efforts were ongoing to address a number of maintenance issues, a small number of the surfaces and finishes including wood finishes on lockers and cot sides and flooring in one room were worn and as such did not facilitate effective cleaning.
- The covers of a resident chair, a pressure relieving cushion and two mattresses were worn or torn. These items could not effectively be decontaminated between uses, which presented an infection risk. Inspectors were informed that these were replaced shortly after the inspection.
- Staff had been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended personal protective equipment (PPE). However inspectors observed that personal protective equipment such as gloves and aprons were used inappropriately by staff during the course of the inspection.
- Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre. Residents sinks should not be dual purpose.
- Inspectors were informed that used wash-water was emptied down sinks in residents' bedrooms and plastic basins were then rinsed in the residents' sinks. This practice should cease as this will significantly increase the risk of

environmental contamination and cross infection.

- Inspectors were informed that the bedpan washer in the centre had not worked properly for five weeks. As a result effective decontamination of bedpans could not be guaranteed. A new bedpan washer had been ordered.
- Individual moving and handling slings were not available for all residents that required their use. This increased the risk of cross infection.
- Storage space was limited. As a result there was inappropriate storage of equipment. For example, hoists were stored in toilets. Large quantities of consumables, PPE and cleaning trolleys were inappropriately stored in an open shed adjacent to the centre. Designated storage areas should be clean and inaccessible to animals and birds.
- Floors in a number of bedrooms were carpeted. National guidelines advise that the use of carpet in resident bedrooms should be avoided. To address the risks of carpets in residents' bedrooms a filtered vacuum had been purchased during the recent outbreak and inspectors were informed that the carpets were steam cleaned daily.
- Clinical waste was not managed in line with national guidelines. Clinical waste bins were available on corridors and staff continued to routinely dispose of all PPE as clinical waste after transmission based precautions had been discontinued. A clinical waste bin was not available in all sluice rooms.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire drill records reviewed lacked information regarding the evacuation needs and numbers of residents evacuated and therefore did not provide assurances that residents can be evacuated safely in a timely manner in the event of fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents' files and found that improvements were still required to the nursing documentation. Many inconsistencies and inaccuracies were still noted.

- Care plans were not in place for all identified issues. This posed a risk to some residents as specific care interventions required were not documented to inform their care.
- Risk assessments were not always being used to inform the care plans.
- Some care plans were not up to date and did not inform the care of the resident i.e. COVID-19 care plans.

- DNR (Do not resuscitate) orders were not always clearly documented (some documentation reviewed did not indicate how the decision was made, date of decision, rationale for it and who was involved in the decision).
- A care plan reviewed contained contradictory information to that contained in the DNR order.

Judgment: Not compliant

Regulation 6: Health care

Residents had a choice of general practitioners (GP). All residents had been reviewed by their GP following the outbreak of COVID-19.

Residents had access to allied health services and visits by health care professionals. The physiotherapist visited weekly, The speech and language therapist (SALT) was scheduled to visit the day following the inspection, the dietitian continued to assess residents remotely and the chiropodist had recently visited. The inspectors saw that recommendations of allied health professionals were written up on residents' files.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no records maintained to indicate the rationale for administration of 'PRN' psychotropic medicines, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine contrary to the restraint policy guidance.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on responding to allegations of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education in safeguarding. Training was scheduled on an on-going basis. The person in charge confirmed that Garda vetting was in place for all staff and persons who provided services in the centre. A sample of files reviewed by the inspectors

confirmed this to be the case.

The inspectors were satisfied that robust systems were in place for the management of residents' finances. The provider no longer acted as pension agent for any residents and had supported residents to open their own personal interest bearing accounts.

Allegations of abuse in the past had been notified to the Chief inspector and managed appropriately in line with the safeguarding policy.

Judgment: Compliant

Regulation 9: Residents' rights

The atmosphere in the centre was calm and relaxed. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were happy living in the centre despite the limitations imposed by the current 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.

There were no restrictions on residents' movements within the centre. Residents were fully informed of and understood the ongoing and changing restrictions to visiting as per HPSC guidelines. Access was available to private phone lines, internet services and video calls to facilitate residents to stay in contact with their families and keep up to date on outside events.

The person in charge advised that some residents who liked to go out regularly were facilitated to go for drives with a staff member in the centre's vehicle.

Social care assessments and life stories were in place for residents which outlined their individual preferences and interests. These assessments informed the programme of activities in place. Details of access to advocacy services were displayed for residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Little Flower Nursing Home OSV-0000355

Inspection ID: MON-0032427

Date of inspection: 29/03/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The final group for fire training was scheduled for the 13/04/2021, this was completed. I await a date with UCHG/ Portiuncula Hospital for laryngeal stoma training.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Since the outbreak I have included the nursing staff in governance and management tutorials to ensure they are capable of managing the nursing home in the event of a crisis. I am currently looking into management courses for the senior nurses which I feel would provide a stronger structure. I am also in the process of recruiting an additional member of staff for a management post. An external auditor is currently employed to assess infection control. A Staff Training schedule is in place for 2021. The Risk assessments and policy and procedure which was not available on the day of the inspection has been completed. Time has been allocated for the P.I.C and Assistant P.I.C. to evaluate care plans weekly to ensure changes to residents care has been documented in care plans.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>A written policy and procedure has been put in place for the management of a laryngeal stoma.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The open fire in the day room has been added to the risk register and a risk assessment has been carried out detailing the measures and actions in place to control the risks identified.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Painting and replacing of internal woodwork has been completed.</p> <p>The carpets in the bedrooms have been changed to linoleum.</p> <p>All damaged covers have been replaced.</p> <p>All staff have awareness on the use of hand-sanitizers, hand-washing protocol and PPE. Hand washing assessments have been implemented for all staff and are carried out by a Covid Officer on a weekly basis.</p> <p>Hand washing facilities are accessible to all staff in the following areas, all hand washing facilities have lever taps:</p> <p>Clinical room- 1 Staff bathrooms- 2 Sluice room-1 Laundry room- 1 Bathrooms on corridors- 5 Kitchen- 1 (kitchen staff only)</p> <p>Hand sanitizing stations are available in the following areas:</p> <p>Front conservatory- 4 Visitors room- 1 Delivery entrance-1</p>	

Stairs- 1
 Dayroom- 2
 Staff room- 1
 Clinical room- 1
 Laundry room- 1
 Sluice room- 1
 Kitchen- 1
 Corridors- 29.

Staff have been re-trained regarding risk of environmental contamination and cross infection in emptying hand basins in residents' bedrooms, this practice has ceased. A new bedpan washer has been installed.

All residents have their own slings.

There is a room identified for the storage of hoists. Staff have been instructed to store equipment in this specified room.

Clinical waste bins have been removed from corridors. A clinical waste bin has been identified in the sluice room.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The fire drill form has been revised to include the number of residents in each room being evacuated and how they are evacuated, i.e. ski sheet, wheelchair or mobilized independently.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 All care plans have been revised and updated to include risk assessments and identifiable issues.

A residents' preference for real butter has been added to the residents' care plan.

Covid-19 care plans have been discontinued.

New DNR forms have been devised to include how the decision was made, date of decision, rationale for it and who was involved in the decision.

The care plan containing contradictory information has been amended.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>The ABC chart has been completed for the resident reviewed on the day of the inspection. All Nurses have been re-trained and instructed on the importance of documenting the interventions taken to manage the behavior prior to administering medication as a last resort. Nurses have also been instructed to document the effect and outcome for the resident as per restraint policy.</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	13/04/2021
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.	Not Compliant	Orange	30/06/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/03/2021
Regulation 26(1)(b)	The registered provider shall	Substantially Compliant	Yellow	30/03/2021

	ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.			
Regulation 27	The registered 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.	Not Compliant	Orange	30/03/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/03/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review	Substantially Compliant	Yellow	30/03/2021

	and update them in accordance with best practice.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	15/04/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/03/2021