



**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:	Nightingale Nursing Home
Name of provider:	Maureen Healy
Address of centre:	Lowville, Ahascragh, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	17 May 2022
Centre ID:	OSV-0000371
Fieldwork ID:	MON-0034057

About the designated centre

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

Nightingale was purpose built in 1996. The home is situated in a quiet rural setting and is surrounded by large landscaped gardens. The centre comprises 33 beds, accommodated in private and semi-private fully furnished bedrooms. A total of 31 residents can be accommodated in the centre. Communal rooms include four lounge areas, dining and recreational space. The lounges are each equipped with televisions, DVD players and stereos and are made all the more homely with open gas fires. The large dining room can accommodate all residents. The centre has views over the Bunowen River and adjacent farmland.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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
Tuesday 17 May 2022	08:50hrs to 17:20hrs	Fiona Cawley	Lead
Tuesday 17 May 2022	08:50hrs to 17:20hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

From what residents told inspectors, and from what inspectors observed, there was evidence that residents in this centre were supported to enjoy a good quality of life by staff who were kind and caring. On the day of the inspection, inspectors observed a friendly, relaxed and calm atmosphere. Feedback from residents was that they enjoyed a good quality of life and were provided with the help and support they needed, by staff who knew them very well. A lot of good practice was observed on the day and regulatory compliance was found across most regulations.

Inspectors interacted with a large number of the residents throughout the day and spoke with a total of nine residents. Overall, feedback was positive and all residents who spoke with inspectors said that staff were very good to them. A number of residents described how they chose to spend their days in the centre. One resident said 'you would have to go a long way to find as good'. Residents told inspectors that they felt safe and that they would be happy to speak with staff and management if they had any worries or complaints. Residents told inspectors that staff looked after them well and that they saw a doctor whenever the need arose. A number of residents told inspectors how they loved their bedrooms and surroundings. Residents who were unable to speak with inspectors were observed to be content and comfortable in their surroundings. Inspectors observed that personal care was attended to a high standard.

On the morning of the inspection, inspectors completed a walk around of the designated centre with the person in charge. There were a variety of communal areas for residents to use, depending on their choice and preference. The day rooms and dining area were colourful, bright and styled with comfortable furnishings. A number of the day room areas contained domestic features including fireplaces which provided a homely environment for residents. Hallways and corridors were decorated with pictures and artwork. Bedrooms were suitably styled with many residents decorating their rooms with personal items.

Inspectors observed that the building was well laid out to meet the needs of residents, and to encourage and aid independence. A number of residents were observed moving freely around the centre and interacting with each other and staff. The building was warm and well ventilated throughout. There were appropriate handrails and grab rails available in the bathrooms and along the corridors to maintain residents' safety. The bedrooms had sufficient space for residents to live comfortably, which included adequate space to store personal belongings. Call-bells were available throughout the centre. Residents had safe, unrestricted access to bright outdoor spaces.

Throughout the day of the inspection, residents were observed in the various areas of the centre. Residents were observed chatting to each other and staff, reading and watching TV in the lounges. Other residents chose to enjoy some quiet time in their own bedrooms, reading, watching TV or listening to music. Residents were seen to

be happy and content as they went about their daily lives. It was evident that residents were supported by the staff to spend the day as they wished. Residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff throughout the day. Inspectors observed staff engaging in kind and positive interactions with residents throughout the day. Staff who spoke with inspectors were knowledgeable about residents and their individual needs.

Residents were provided with opportunities to participate in recreational activities of their choice and ability, either in the communal sitting rooms or their own bedrooms. Inspectors observed the activities co-ordinator provide both group and one-to-one activities on the day. Inspectors also observed a number of residents taking part in a lively sing-along which they appeared to enjoy. A number of residents told inspectors that there was plenty to do in the centre. There was an activities schedule in place seven days a week and residents told inspectors that they were free to choose whether or not they participated.

Residents had unlimited access to telephones, television, radio, newspapers and books. Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day.

Residents had a choice of where to have their meals throughout the day. The lunchtime period was observed by inspectors on the day of the inspection. The meals served were well presented and there was a good choice of nutritious food available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents were complimentary about the food in the centre. Staff members and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful. A choice of refreshments was available to the residents throughout the day.

In summary, inspectors found a very good level of compliance in the centre. Residents were supported to enjoy a good quality of life. There was a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered.

Capacity and capability

This was a risk inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors followed up on the actions taken by the provider to address areas of non-compliance found on

the last inspection in November 2020. Inspectors also followed up on unsolicited information received by the Authority in relation to concerns about residents' access to medical care. Inspectors did not find evidence to support the concerns.

Inspectors found that, overall, this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of a good standard and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre. The provider had addressed the actions following the last inspection.

There was a clearly defined management structure in place, with identified lines of authority and accountability. The person in charge facilitated this inspection and they demonstrated a clear understanding of their role and responsibility. The person in charge was supported in their role by a clinical nurse manager and a full complement of staff including nursing and care staff, housekeeping staff, catering staff, and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. The person representing the provider was also involved in the day-to-day operation of the centre and provided management support to the person in charge. Both the person in charge and the provider representative were a strong presence in the centre. The management team was observed to have strong communication channels and a team-based approach.

The designated centre had adequate resources to ensure effective delivery of high quality care and support to residents. There was a stable and dedicated team in the centre which ensured that residents benefited from continuity of care from staff who knew them well. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection. The team providing direct care to residents consisted of one registered nurse on duty at all times and a team of healthcare assistants. The person in charge and clinical nurse manager provided clinical supervision and support to all the staff. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with the residents. Staff had the required skills, competencies and experience to fulfil their roles.

Policies and procedures were available, providing staff with guidance on how to deliver safe care to the residents.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role.

The provider had systems in place to monitor and review the quality of the service provided for the residents. A range of audits had been completed by the person in charge which reviewed various elements of the service such as call-bell response times, catering, complaints management, medication management, and infection prevention and control. The person in charge carried out an annual review of the quality and safety of care in 2021.

Regular staff meetings had taken place in the centre. Minutes of meetings reviewed by inspectors showed that a range of relevant topics were discussed including

nursing standards and staff training.

Risk was found to be effectively managed in the centre. There was a risk register which identified risks in the centre and controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 15: Staffing

A review of the rosters found that staffing levels were adequate to meet both the assessed needs of the residents and the size and layout of the centre, on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. This included infection prevention and control, manual handling, safeguarding and fire safety.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records were managed in line with the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The systems in place to ensure that the service provided was effectively monitored required action to ensure full compliance with the regulations. For example,

- local infection prevention and control audits failed to identify some areas of risk
- quality improvement plans were not routinely developed following the completion of audits.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

A review of the complaints records found that resident's complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that residents living in the designated centre received care and support that was of a very good standard which ensured they were safe and that they could enjoy a good quality of life. There was a person-centred approach to care and residents' well-being and independence were promoted. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. Staff were respectful and courteous with the residents.

Inspectors reviewed a sample of residents' files. Residents' healthcare needs were assessed using validated tools which informed appropriate care planning. Each resident had a care plan in place which reflected their individual assessed needs. The care plans were holistic and person-centred with the necessary information to guide care delivery. Care plans were initiated within 48 hours of admission to the centre and reviewed every four months or as changes occurred in line with regulatory requirements. There was recorded evidence of consultation with residents or their representative in relation to care planning.

Inspectors found that residents had access to a general practitioner and were provided with appropriate medical care. Residents were also provided with access to other healthcare professionals, in line with their assessed need.

The provider promoted a restraint-free environment in the centre, in line with local and national policy.

Residents were provided with opportunities to consult with management and staff on how the centre was run. Action taken as a result of resident feedback was documented and addressed in a timely manner. Minutes of recent resident meetings showed that relevant topics were discussed including COVID-19, activities, laundry service and hairdressing. Residents had access to an independent advocacy service.

The premises was very well maintained and appropriately decorated throughout. All areas of the centre were observed to be very clean and tidy. Infection Prevention and Control (IPC) measures were in place. However, action was required to ensure staff practices, and lived environment supported appropriate infection prevention and control. This will be discussed under Regulation 27.

Regulation 11: Visits

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 .

Judgment: Compliant

Regulation 27: Infection control

Action was required in the management of infection prevention and control (IPC) to ensure compliance with Regulation 27. This was evidenced by;

- There was no dedicated housekeeping room. Cleaning trolleys and supplies were stored in the sluice room. This arrangement increased the risk of environmental contamination and cross infection.
- The laundry was also used as the linen store, which increased the risk that unclean laundry contaminated the clean linen.
- Reusable nebuliser masks were not cleaned and stored in line with recommended national guidance.
- Some staff practices were not in line with current guidelines. For example, inspectors observed that staff did not routinely wear respirator masks for all resident care activity, as recommended in Health Protection Surveillance Centre (HPSC) guidelines.
- Access to clinical handwash sinks was not optimal.
- Inappropriate storage of personal care items in the sluice room such as incontinence wear, gloves, masks and resident wipes which increased the risk

of cross contamination.

- The COVID-19 contingency plan reviewed on the day of inspection was not aligned with current guidelines.

A number of other issues were discussed with the provider on the day of the inspection and the inspectors were provided with assurances that the issues would be addressed

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. Staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Personal evacuation plans were in place for each resident. There were adequate means of escape, all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected the residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and healthcare professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that the residents' privacy and dignity was respected. Residents told inspectors they were well looked after and that they had a choice about how they spent their day.

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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Nightingale Nursing Home OSV-0000371

Inspection ID: MON-0034057

Date of inspection: 17/05/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Our comprehensive suite of audits is being reviewed and developed and quality improvement plans will be developed in tandem with these audits. Completion 30.09.2022.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Reconfiguration of the sluice room has allowed us to create an enclosed, dedicated housekeeping room. Completed.</p> <p>Dedicated storage space has been identified and linen is no longer stored in the laundry. Completed.</p> <p>Cleaning and storage of nebulizer masks has been discussed at staff meetings and awareness raised through training/policy. CNM has undertaken supervision, instruction and guidance of staff in this regard. Completed.</p> <p>At the time of inspection, there were no suspected/confirmed cases of Covid 19 in the nursing home. It was our understanding (as per HSE guidance received via email) that surgical masks were sufficient in these circumstances. However, respirator masks continue to be available to staff and their use encouraged during the delivery of direct care. Completed.</p> <p>We are currently reviewing access to clinical hand wash sinks. Completion January 2023. Inappropriate storage in the cupboard in the sluice room no longer occurs. Completed on the day of inspection.</p>	

The latest HSE Covid 19 guidelines at the time were only issued and received via email on the day of inspection. Contingency plan was updated in accordance. Completed.

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2022
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.	Substantially Compliant	Yellow	01/01/2023