



**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:	Flannery's Nursing Home
Name of provider:	Flannery's Nursing Home Limited
Address of centre:	Chapel Road, Abbeyknockmoy, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	11 January 2023
Centre ID:	OSV-0000341
Fieldwork ID:	MON-0038790

About the designated centre

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

This registered centre is a modern purpose-built single-storey premises, which provides residential care for 37 residents. The building has many features that contribute positively to residents' quality of life. These include large bedrooms with en-suite facilities, windows that provide a view of the outside when sitting down, a range of sitting areas where residents can spend time during the day and wide hallways that enable residents to walk around freely. The centre cares for both female and male residents aged 18 years and over with the following care needs: respite care to residents following hospital stay, post surgery or from home, respite care, post-operative care for those after orthopaedic surgery, and cardio-thoracic surgery. Long term care is provided to residents requiring full time care, including those with dementia and who are no longer able to look after their own physical and mental well-being. The registered centre provides palliative care, dementia care, and convalescence care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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How we inspect

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
Wednesday 11 January 2023	09:05hrs to 16:50hrs	Fiona Cawley	Lead
Wednesday 11 January 2023	09:05hrs to 16:50hrs	Claire McGinley	Support

What residents told us and what inspectors observed

On the day of inspection, inspectors found that residents living in this centre were provided with a good standard of care in a supportive environment. Feedback from residents was that they were well cared for by staff who knew them well and who provided them with the help and support they needed. Inspectors observed a calm, relaxed and friendly atmosphere throughout the centre.

This unannounced inspection took place over one day. There were 37 residents accommodated in the centre on the day of the inspection and no vacancies.

Following an introductory meeting, inspectors completed a walk around of the centre with the person in charge. The centre was a single-storey purpose built facility located on the outskirts of Abbeyknockmoy. Inspectors observed that the centre was very clean, tidy and well maintained on the day of the inspection. The building was found to be laid out to meet the needs of residents. There was a variety of spacious communal areas available for residents to use depending on their choice and preference including days rooms, an oratory, a dining room and a spacious foyer. Bedroom accommodation comprised of single and double occupancy rooms, all of which were ensuite. Bedrooms were suitably styled with many residents decorating their rooms with personal items. The décor was modern throughout the centre and all areas were appropriately furnished to create a homely environment. The centre was bright, warm and well ventilated throughout. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. Call-bells were available in all areas and answered in a timely manner. There was safe, unrestricted access to an outdoor garden area for residents to use.

There was a designated smoking area which was adequate in size and well ventilated. Inspectors observed that measures were put in place to ensure the residents' safety when using this facility, including appropriate furniture and access to suitable fire fighting equipment.

Inspectors interacted with a large number of the residents in the centre throughout the inspection and spoke in detail with a total of 11 residents. Residents told inspectors that they were satisfied with their lives in the centre and that staff provided them with the help and support they needed. One resident told inspectors that they could not fault the centre and that 'anything we ask for, we get'. Another resident told inspectors that 'the place is kept like a palace'. 'I am happy here', 'they are very good to me' and 'staff are excellent' were among some of the comments made to inspectors. There were a number of residents who were unable to speak with inspectors and were therefore not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

On the day of the inspection, inspectors observed staff providing care to residents in

an unhurried fashion. Inspectors observed that personal care and grooming was attended to a satisfactory standard. Throughout the day residents were observed relaxing in the communal areas and in their own bedrooms. Staff supervised communal areas and those residents who chose to remain in their rooms were monitored by staff throughout the day.

The dining room was observed to be homely and bright. The daily menu was on display and a pictorial representation of the lunch-time meal was also available. The food provided was observed to be well presented and appetising. Refreshments and snacks were observed to be offered throughout the day of inspection. Residents had a choice of where and when to have their meals. For example, one resident chose to dine earlier than the other residents as they preferred to have their meals at a quiet time. A number of residents chose to dine in the day room and other residents preferred to have their meals in their bedrooms. Residents were complimentary about the food in the centre

In summary, residents were observed receiving a good service from 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 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). The purpose of the inspection was to follow up on the action taken by the provider to address the non-compliances from the last inspection in April 2022. The inspection was also used to inform a decision in relation to an application to renew the registration of the centre.

The findings of this inspection were that significant action had been taken by the provider to bring the centre into compliance since the last inspection. Inspectors found that this was a well-managed centre, where residents were supported and facilitated to have a good quality of life. Inspectors found that the quality and safety of the service provided were of a good standard. The governance and management was well organised and inspectors found that the provider continued to make significant improvements that benefited the residents who lived in the centre. The provider had addressed the actions of the compliance plan following the last inspection.

The registered provider of Flannery's Nursing Home is Flannery's Nursing Home Limited. There are two company directors, one of whom was nominated to represent the registered provider. There was a clearly defined management

structure in place with identified lines of authority and accountability. The person in charge, who facilitated the inspection, demonstrated a very clear understanding of their role and responsibility and was well known to residents and staff. The person in charge was supported in their role by a director of nursing, a clinical nurse manager, nursing and care staff, and support staff. There were deputising arrangements in place for when the person in charge was absent.

On the day of the inspection, the designated centre had adequate resources available to ensure residents received good quality care and support. Inspectors reviewed the staffing rosters and found that there were sufficient numbers of suitably qualified staff to support residents' assessed needs. The provider had reviewed the staffing levels following the previous inspection and had increased staffing level in a number of roles including registered nurses, care staff and activity staff. This resulted in an improvement in the skill mix available to meet the needs of the residents. Communal areas were appropriately supervised and staff were observed to be interacting in a positive and meaningful way with residents. Teamwork was evident throughout the day.

Inspectors reviewed staff training records and found that staff had attended the required mandatory training. There was an induction programme in place which was completed by all staff. Staff demonstrated the required skills, competencies and experience to fulfil their roles.

There were policies and procedures available to guide and support staff in the safe delivery of care.

The provider had management systems to ensure good oversight of the service. There was a comprehensive monitoring system in place. A new electronic auditing system was recently introduced and the person in charge had carried out a range of audits which reviewed various aspects of the service including care planning, fire safety, medication management and complaints. Where areas for improvement were identified, action plans were developed and completed.

There was an effective system of risk management in the centre. The centre had an up-to-date risk register which identified clinical and environmental risks and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

A sample of four staff personnel files were reviewed by inspectors and found to have the information required under Schedule 2 of the regulations.

There were contracts for the provision of services in place for residents which detailed the terms on which they resided in the centre.

Regulation 15: Staffing

There was sufficient staff on duty on the day of the inspection with appropriate skill

mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

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

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

A sample of staff files was reviewed by the inspectors and found to have the required information as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that there were good governance arrangements in the centre. There was a clearly defined management structure, with identified lines of authority and accountability. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of high quality care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. There was a comprehensive record kept of all complaints.

A review of the records found that complaints and concerns were promptly 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 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 good standard. Residents who spoke with inspectors said that they felt safe and that they were well cared for by staff in the centre and this was supported by the findings of this inspection. However, while the provider had taken action to comply with the regulations in respect of fire safety, the action taken was not sufficient to bring the centre into full compliance with the regulation.

A fire safety risk assessment had been completed by a competent fire professional following the previous inspection. The provider had completed the majority of the actions recommended following the risk assessment and had a plan in place to address the remaining actions. However, on the day of the inspection, inspectors found that further action was required in relation to the maintenance of fire safety equipment and the arrangements in place for the safe evacuation of residents in the event of an emergency.

Each resident had a comprehensive assessment of their health and social care needs completed prior to admission to ensure the centre could provide the appropriate level of care and support. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which reflected their assessed needs. Inspectors reviewed a sample of resident files and found that care plans were person-centred, informative and guided the individual care needs of the residents. Inspectors found evidence that residents' care plans were developed in consultation with residents and their families.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise when required. There was evidence that recommendations made by professionals were implemented to ensure best outcome for residents.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, were only initiated after an appropriate risk assessment and in consultation with the multidisciplinary team and resident concerned.

Inspectors observed that management and staff made efforts to ensure residents' rights were respected and upheld. There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal day rooms or their own bedrooms. Scheduled activities were provided seven days a week. Residents had access to an independent advocacy service. Residents were provided with opportunities to consult with management and staff on how the centre was run. Residents' meetings were held quarterly and a range of issues were discussed including proposed changes to the layout of the centre, the laundry and activities.

The environment and equipment used by residents were visibly clean on the day of the inspection. Staff demonstrated an appropriate knowledge of the centre's cleaning procedure and the systems in place to minimise the risk of cross infection.

The centre had a COVID-19 contingency plan in place which included the current COVID-19 guidelines.

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 appropriate to the number and needs of the the residents, and conformed to matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 26: Risk management

A centre-specific risk management policy was in place, in line with the requirements of Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

The arrangements in place to ensure all fire equipment, means of escape, building fabric and service were maintained were not adequate. For example, the records of fire safety checks completed by staff were incomplete.

A review of the fire drill records found that action was required to provide further assurances that residents could be evacuated safely in a timely manner in the event of a fire. For example, fire drill records recorded excessive evacuation times for an evacuation of a compartment with night time staffing levels.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment was in place prior to admission to the centre. The care plans reviewed were individualised, and reflected residents' needs and the supports they required to maximise their autonomy and quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that residents' privacy and dignity was respected. Residents told inspectors that 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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	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 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Flannery's Nursing Home OSV-0000341

Inspection ID: MON-0038790

Date of inspection: 11/01/2023

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Objective: To comply with Regulation 28: Fire Precautions</p> <p>Action Plan:</p> <p>1. Review of Fire Register to ensure up-to-date monitoring check list in place. Allocate specific roles to staff departments for monitoring and review of checklist. Person responsible: PIC Time Frame: 15 February 2023 Status: In Progress.</p> <p>2. Audits of Fire Register every month to ensure checklists are completed timely and up to date. Person responsible: PIC and Admin Time Frame: Ongoing Status: To be commenced.</p> <p>3. Increase fire drill frequency to ensure reasonable evacuation time frame is achieved. Review and document progress in Fire Register including evacuation times and learnings. Person responsible: PIC Time Frame: Ongoing and review by 30 April 2023 Status: To be commenced.</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 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	15/02/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/04/2023