

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:	19 February 2025
Centre ID:	OSV-0000371
Fieldwork ID:	MON-0041887

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 31 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:	29
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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 19 February 2025	09:30hrs to 17:30hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

The inspector's observations were that residents enjoyed a good quality of life in the centre. The residents were supported by kind and caring staff that were knowledgeable of their needs.

This was an unannounced inspection that was carried out over one day. On arrival to the centre, the inspector was greeted by the clinical nurse manager (CNM). Following an introductory meeting with the CNM, the person in charge and the registered provider, the inspector completed a walk around the centre. Many residents were observed sitting in the centre's various communal rooms, while other residents were being assisted by staff in their bedrooms. The inspector spent time talking with residents during the walk around the centre. Overall, residents were complimentary of their experience of living in the centre.

Nightingale Nursing Home is a single-storey building which can accommodate up to 31 residents in 12 twin bedrooms and five single bedrooms, two of which have ensuite facilities. On the day of the inspection, 29 residents were living in the centre. The premises was appropriately decorated and suitably laid-out to meet the needs of the residents. A number of communal areas were available to residents including a large dayroom, three sitting rooms and a dining room. On the day of the inspection, residents passed time in these rooms as they socialised with fellow residents or met with visitors. Many residents were seen happily attending appointments with a hairdresser, who was visiting the centre as planned. A landscaped garden could be accessed independently by residents. This area contained seating, shaded areas, flowers and shrubbery. Many of the residents who spoke with the inspector praised the cleanliness of the centre, saying "you couldn't find a cleaner place" and "it's always spotless".

Residents spoke positively about the staff that cared for them. They felt that staff knew and respected their personal preferences and routines. While residents told the inspector that staff always responded to call bells or requests for assistance, a small number of residents felt that staff were sometimes quite busy at night. On these occasions, they felt that additional staff would be beneficial. Throughout the day of the inspection, staff were observed engaging with residents in a friendly and light-hearted manner as they attended to them.

Residents' bedrooms were warm, tidy and well-maintained. Many of the bedrooms had views of the surrounding countryside. Each bedroom was decorated with well-maintained furniture and soft furnishings. Many residents had personalised their bedrooms with ornaments, photographs and other items. The inspector spoke with a number of residents, all of whom were satisfied with the layout of their bedroom and the storage available to them.

A varied programme of activities was available to residents, which was carried out by dedicated activity staff on a daily basis. This included mass, arts and crafts,

quizzes, bingo and ball games. Some residents were observed engaging in a number of activities during the day of the inspection, with staff available to support them, if needed. Residents who did not wish to participate in activities were observed to be relaxing in communal areas or their bedrooms.

Visitors attended the centre throughout the day of the inspection. They were welcomed by staff and were observed to spend time with residents in communal areas or in their bedrooms. Residents told the inspector that visiting arrangements were very flexible.

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 well-managed and sufficiently resourced centre, which ensured that residents were provided with good standards of care to meet their assessed needs.

This was a one day unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The inspector also followed up on solicited and unsolicited information received by the Chief Inspector since the last inspection. This inspector found that the provider was in compliance with each regulation assessed on this inspection.

There was a clearly defined organisational structure in place, with identified lines of authority and accountability. Maureen Healy was the registered provider of Nightingale Nursing Home. The registered provider and person in charge were established in their respective roles and worked in the centre on a full-time basis. They were supported by a CNM, a team of nurses, healthcare assistants, housekeeping, catering, maintenance and activity staff.

There were systems in place to monitor the quality and safety of the service. A programme of clinical and operational audits was completed by the management team. These evaluated aspects of the service including infection prevention and control, medication management and care planning documentation. The results of these audits were analysed and informed the development of quality improvement plans. There was evidence that progress with completing these actions was reviewed regularly.

Meetings between the management team were held on a regular basis to review the service and to identify and monitor aspects of the service that required improvement. Meetings with staff also took place frequently to ensure that key

information was communicated effectively. Records of these various meetings were maintained and were available for review.

On the day of the inspection, the staffing levels and skill mix were appropriate to meet the assessed health and social care needs of the residents. The rosters available for review reflected the configuration of staff on duty on the day of the inspection.

The inspector reviewed a sample of staff files and found that these contained all of the information required by the regulations, including evidence of nursing registration with the Nursing and Midwifery Board of Ireland (NMBI). An Garda Síochána vetting disclosures were in place for all staff, prior to commencing work in the designated centre.

A review of the staff training records found that there was a training schedule in place to ensure that all staff received training that was appropriate to their role. There were systems in place to supervise staff, including an induction programme and competency assessments for incoming staff and annual appraisals thereafter.

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. A review of the record of all complaints maintained by the person in charge demonstrated that complaints were managed promptly and in line with the requirements of the regulations.

Regulation 15: Staffing

On the day of the inspection, the number and skill mix of staff was appropriate, with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to access a training programme that included fire safety, safeguarding of residents and moving and handling practices. Staff were appropriately supervised in accordance with their role.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents for the designated centre. This contained all of the information required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was an up-to-date insurance policy in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service was safe, consistent and appropriately monitored.

The provider had established a clearly defined management structure that identified the lines of authority and accountability. They had ensured that sufficient resources were available to ensure the delivery of care, in accordance with the centre's statement of purpose.

The provider had drafted an annual review of the quality and safety of care provided to residents in 2024.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident. All contracts had been signed by the resident and/or their representative.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the centre's records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the care and support that residents received from the staff team was of a good quality, and that staff strived to ensure that residents were safe and well-supported. There was a person-centred approach to care, and residents' wellbeing and independence was promoted.

The centre had an electronic resident care record system. A comprehensive assessment of residents' needs was completed prior to admission to the centre. Following admission, a range of clinical assessments was carried out using validated assessment tools. These were used to inform the development of care plans, which addressed each resident's individual health and social care needs. The inspector found that the care plans were person-centred and guided the care that was delivered by staff.

Residents had access to medical and health care services. Systems were in place for residents to access the expertise of health and social care professionals, when required.

Visiting was found to be unrestricted. Residents could receive visitors in their bedroom or communal area, if they so wished.

There were systems in place to protect residents from abuse. There was an up-to-date policy and procedure in place in relation to safeguarding, which guided staff practice. Staff also completed regular training in the prevention, detection and response to abuse. There were clear processes in place for the safe storage and management of residents' personal monies or personal items.

Residents were provided with opportunities for social engagement and to participate in activities that were aligned to their capacities and capabilities. There was an activity schedule in place and many residents were observed to be encouraged and supported to partake in the activities that were taking place on the day of the inspection.

Overall, residents' rights were promoted in the centre. Residents were supported to make decisions about their care and daily routines. Residents were provided with

information on the facilities and services available to support them, such as independent advocacy services.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with the inspector confirmed that visits from their loved ones were facilitated by the registered provider.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated as needed, or at a minimum of every four months.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities for recreation and opportunities for residents to participate in activities in accordance with their interest and capabilities.

Residents' rights and wishes were promoted by the registered provider. Residents were supported to vote, to attend religious services and to access independent advocacy services if needed. Residents' choices, personal routines and privacy were respected by staff.

Minutes of resident meetings reviewed by the inspector showed that residents' feedback was sought in relation to the quality of the service including staffing, meals and activities.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant