



Report of an inspection of a Designated Centre for Older People

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:	08 – 09 October 2018
Centre ID:	OSV-0000355
Fieldwork ID:	MON-0025163

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:	50
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How we inspect

To prepare for this inspection the inspector or 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
08 October 2018	09:00hrs to 17:00hrs	Mary Costelloe	Lead
09 October 2018	09:00hrs to 16:00hrs	Mary Costelloe	Lead

Views of people who use the service

The inspector spoke with approximately 25 residents during this unannounced inspection.

Residents spoke highly of the service and care provided, many stating that they liked living in the centre. Residents commented that the staff were very kind and caring.

Many mentioned that they enjoyed the variety of activities taking place, in particular knitting, crochet, playing cards and music sessions. Some spoke of enjoying day trips to places of local interest and outdoor gardening activities. Many residents said that they enjoyed and looked forward to weekly mass celebrated in the centre. Some residents said that they liked to read the newspapers which were delivered early each morning.

Residents spoke about feeling safe, secure, warm and comfortable in the centre. Some said that they liked the homely atmosphere and that the centre was always clean.

Residents were complimentary of the quality of food stating that one could always get something else if they did not like what was on offer.

Residents told the inspector how they liked their bedrooms and found them to be comfortable.

Capacity and capability

This centre had a good history of compliance and actions from the previous inspection had been addressed. Overall, a good service was being provided to the residents; however, improvements were required to the governance systems to ensure that effective oversight arrangements were put in place particularly in areas such as nursing and care planning documentation, administration of medicines and dining experience. These issues are discussed further under the quality and safety of care section of this report.

The organisation structures in place within the centre ensured clear lines of accountability so that all members of staff were aware of their responsibilities and who they were accountable to. The person nominated to represent the provider was also the person in charge. She worked full-time and was involved in the day-to-day running of the centre. The person in charge was supported by two assistant directors of nursing. The management team knew residents well and knew their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. There were no open complaints at the time of inspection.

The management team continued to evaluate its compliance with relevant standards and regulations. There was an audit schedule in place, the results were used to bring about improvements to the service provided. Regular audits and reviews were carried out in relation to incidents, falls, pressure ulcers, medication management, infection control and menus. An annual review of the quality and safety of care in the centre was completed and an improvement plan was documented. Feedback from residents' committee meetings were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents

Nursing management were aware of the legal requirement to notify the office of Chief Inspector regarding incidents and accidents. To date, all relevant incidents had been notified as required by the regulations.

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. All documents as required by the regulations were available. All staff and persons who provided services to residents had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure.

Staff were provided with training and ongoing development opportunities appropriate to their roles to ensure that they had the necessary skills to deliver high-quality, safe and effective services to residents. Training included specialist training in relation to care of the older person in areas such as dementia, management of challenging behaviour and restraints. The management team ensured that mandatory training requirements for all staff were met and updated on an ongoing basis. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and 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.

Care and support for residents was delivered by the appropriate number and skill mix of staff and good access to allied health services. This is further evidenced under the quality and safety section of the report. There was a low turnover of staff in the centre and no dependency on the use of agency staff which ensured continuity of care for residents.

The provider continued to invest resources and some improvements had been completed to the building, new dining room furniture had been provided, there was an ongoing programme of repainting and refurbishment.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required qualifications and experience in the area of nursing the older adult.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. Staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had completed all mandatory training and that training was scheduled on an on-going basis.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely.

The inspector reviewed a sample of staff files which were found to contain all information as specified in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Governance arrangements in place required improvement to ensure effective oversight of areas such as nursing and care planning documentation, administration of medicines and dining experience.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated following the last inspection. It was found to contain the information as set out in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was clearly displayed and the inspector was satisfied that complaints had been managed in line with the centre's complaints policy. There were no open complaints at the time of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

Judgment: Compliant

Quality and safety

Overall, residents in this centre were well cared for, however as discussed under the capacity and capability section deficits in the governance systems impacted on the quality and safety of the service, particularly in the areas of nursing and care planning documentation, administration of medicines and the dining experience.

Residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices.

Residents had access to appropriate medical and allied health services to ensure that their healthcare needs were met. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services in-house as required.

Residents had opportunities to participate in meaningful activities, appropriate to

their interests and preferences. A varied programme of recreational and stimulating activities was offered. The activities coordinator employed had received training to support the activities programme; for example Sonas, a therapeutic programme specifically for residents with Alzheimer's or dementia.

Residents had access to a secure outdoor garden area which was easily accessible from the main day room. The residents spoke about having enjoyed much time outside during the summer months and about being involved in the planting of a variety of plants and vegetables. There were photographs displayed of residents enjoying outdoor activities during the summer months.

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. Small amounts of money was kept for safekeeping on behalf of some residents and this was managed in a clear and transparent manner. Additional safeguards were required to ensure that pensions collected from the Department of Social Welfare were paid into an interest bearing account on behalf of those residents in line with Department of Social Protection guidelines.

The design and layout of the centre encouraged and aided residents to be independent. The centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Appropriate signage was provided to assist residents in finding their way around the centre.

Bedroom accommodation met residents' needs for comfort and privacy. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Residents' artwork was displayed throughout the centre and in residents bedrooms.

There was a pre-assessment process for potential residents to ensure that their needs could be met. Care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. However, many inconsistencies were noted in the nursing documentation. Improvements were required to ensure that care plans were in place for all identified issues, that all care plans reflected the current needs of residents and guided staff in the care of the resident. Overall it was found that evaluations of care plans together with nursing progress notes and other supporting documentation to evidence the delivery of a high standard of care were not appropriately linked to give a clear and accurate picture of residents' overall health management.

Staff were observed to communicate effectively with residents with specific communication issues however, those specific needs were not set out in individual residents care plans.

Staff promoted a restraint- free environment. There were nine residents using bedrails at the time of inspection, some at the residents own request. There was evidence of multidisciplinary team input, risk assessment and alternatives being tried

or considered.

There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia(BPSD). Most staff had completed training in dementia care and management of responsive behaviour. Nursing staff spoken with were clear that they needed to consider the reasons why people's behaviour changed. Staff spoken with were knowledgeable about and could outline person-centred strategies for dealing with individual residents' responsive behaviours, however, these strategies were not consistently described in their support care plan documentation. Episodes of responsive behaviour were not logged using an Antecedent-Behavior-Consequence (ABC) Chart contrary to the centres' own policy.

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 was no clear rationale documented following the administration of PRN psychotropic medications contrary to the restraint policy guidance. There were no care plans to guide the care of residents using restraint measures such as bed rails or prescribed psychotropic medications on an as required(PRN) basis.

There was evidence of regular review by the GP, as well as regular reviews of residents' medicines, however, some medicines management practices were not in accordance with guidance issued by Nursing and Midwifery Board of Ireland (NMBI). While there was a copy of the pharmacy order available, nursing staff administered medicines without an original signed prescription that authorised them to administer same. This posed an increased risk to residents and was not in accordance with best practice guidance.

While systems were in place to promote safety and manage risks, improvements were required to ensure that control measures outlined for some identified risks were put in place. There was evidence of regular fire safety checks being carried out, all staff had received on-going fire safety training and regular fire drills were being carried out. There were contingency plans in place in the event of an emergency or the centre having to be evacuated.

High standards of hand hygiene were promoted among residents, staff and visitors. Hand sanitiser dispensing units were located at the front entrance and throughout the building. The building was found to be clean and odour free.

Residents continued to maintain links with the local community. There was regular visits from local musicians and school students. Some residents went on shopping trips with staff, others attended local card games and regular day trips were organised during the summer months.

Residents were treated a dignified manner, however, improvements were required to the dining experience to ensure that a quality service that maximised residents choice and independence was provided.

Residents had access to information on advocacy services and information regarding their rights. Residents' committee meetings continued to take place on a regular basis. There was evidence that issues raised by residents were followed up by

the management staff. Residents' varying religious and political rights were well catered for.

Regulation 10: Communication difficulties

The specific communication needs of residents were not set out in their communication care plans.

Judgment: Not compliant

Regulation 17: Premises

The centre was found to be homely, accessible and provided adequate space to meet residents needs. The centre was well maintained, clean and nicely decorated. There was a good variety of communal day spaces as well as additional seating provided in the hallways. Grab-rails and handrails were provided to bathrooms and corridors. Safe floor covering was provided throughout. Adequate assistive equipment was provided to meet residents' needs. Service records showed that equipment was regularly serviced and well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

The nutritional status of residents was assessed regularly using a validated nutritional screening tool and weight changes were closely monitored. There was evidence of regular review by SALT and the dietician. Staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT. Some residents required assistance with their meals and this was provided by staff in a discreet and sensitive manner.

Judgment: Compliant

Regulation 26: Risk management

Improvements were required to ensure that control measures outlined for identified risks were put in place.

- cleaners trolleys were left unattended on corridors
- the sluice room door was left unsecured

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements were required to ensure that cleaning equipment was not stored in the sluice room contrary to infection prevention and control guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Records indicated that all fire fighting equipment had been serviced in January 2018 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in July 2018. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Regular monthly fire drills took place involving both staff and some residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Many inconsistencies were noted in the nursing documentation.

- some care plans were no longer appropriate and did not reflect the current needs of some residents,
- care plans were not in place to guide the care of residents in areas such as personal care, communication needs and social care needs.
- care plans were not always updated to reflect the changing needs of some residents, for example, post falls or following review by the dietician or SALT
- care described as delivered by nursing staff was not always reflected in the care plans.
- there were no care plans to guide the care of residents using restraint measures such as bed rails or prescribed psychotropic medications on an as required (PRN) basis.
- strategies for dealing with individual residents' responsive behaviours were not consistently described in their support care plans

Judgment: Not compliant

Regulation 6: Health care

Nursing staff administered medicines without an original signed prescription that authorised them to administer same. This posed an increased risk to residents and was not in accordance with best practice guidance issued by Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

There was no clear rationale documented following the administration of 'as required' psychotropic medications contrary to the restraint policy.

Episodes of responsive behaviour were not logged using an Antecedent-Behavior-Consequence (ABC) Chart as outlined in the centres own policy.

Judgment: Substantially compliant

Regulation 8: Protection

Additional safeguards to protect residents' finances were required by ensuring that guidelines issued by the Department of Social Protection were adhered to.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Improvements were required to the dining experience to ensure that a quality service that maximised residents choice and independence was provided.

- the menu did not offer a choice of main course.
- tea was served to residents with milk and sugar provided by staff.
- tea cups were served without saucers.
- the atmosphere during lunch time on day one of the inspection was noisy and task focused.
- left over food was being scraped from plates in the dining room while some residents were still eating
- the trolleys in use were noisy

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Not compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Little Flower Nursing Home OSV-0000355

Inspection ID: MON-0025163

Date of inspection: 09/10/2018

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All Nurses have been updated on care planning and all care plans are being reviewed by the P.I.C. upon completion. Following consultation with the G.P.'s, a new drug kardex has been approved to reduce the paperwork overload. The Dining Room experience has been addressed, the P.I.C. and the Assistant P.I.C. s will continue to check on a regular basis that this does not lapse.</p>	
Regulation 10: Communication difficulties	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>All care plans have been checked and updated. A separate communication plan has been put in place for all residents. This will continue to be overseen by the P.I.C.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>A staff member has been assigned to oversee that compliance is maintained at all times. Housekeeping staff have been instructed to ensure cleaning agents are in the lockable cabinet on their trollies. Staff have been informed they must ensure the sluice room door is locked at all times.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection</p>	

control:	
Housekeeping staff have been informed not to leave their cleaning equipment in the sluice room at any time. A staff member has been assigned to oversee that compliance is maintained at all times.	
Regulation 5: Individual assessment and care plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:	
All nurses have received further training in care planning. A new system has been put in place where the Assistant P.I.C. checks on a daily basis that all reviews and updates from allied professionals inform the residents' care plans.	
Regulation 6: Health care	Not Compliant
Outline how you are going to come into compliance with Regulation 6: Health care:	
Following the introduction of a new drug kardex, in accordance with NMBI guidelines, the G.P.s have agreed to sign.	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:	
A new system has been put in place where the Assistant P.I.C. checks on a daily basis that all documentation, i.e. ABC charts and progress reports have been completed properly where behaviour that challenges has occurred.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	
I have consulted residents and their next of kin and am in the process of organizing pensions being paid into an interest bearing post office or bank account in their name in line with Social Protection Guidelines.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	
We have reviewed our menus in consultation with our residents to ensure all residents have a choice each day.	
The kitchen help has been re-trained in delivering teas. Staff stated they felt nervous on day 1 but showed on day 2 how the dining room experience normally is. This will continue to be monitored by the P.I.C. and the Assistant P.I.C.	

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 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident's care plan prepared under Regulation 5.	Not Compliant	Yellow	06/11/2018
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	23/11/2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	10/10/2018
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	10/10/2018
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a	Not Compliant	Orange	01/11/2018

	resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	23/11/2018
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	15/10/2018
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.	Not Compliant	Yellow	15/10/2018
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	15/11/2018
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	15/10/2018