



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

Issued by the Chief Inspector

Name of designated centre:	Little Flower Nursing Home
Name of provider:	Bridgelynn Limited
Address of centre:	Labane, Ardrahan, Galway
Type of inspection:	Unannounced
Date of inspection:	27 April 2022
Centre ID:	OSV-0000355
Fieldwork ID:	MON-0036609

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:	49
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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
Wednesday 27 April 2022	10:00hrs to 18:30hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

Overall, the inspector observed there was evidence that the residents living in this centre were supported to enjoy a good quality of life by a committed team of staff who knew them well. On the day of the inspection, the inspector observed kind and respectful interactions between staff and residents. The feedback from residents who spoke with the inspector was mainly positive. Overall, the centre was well managed but a number of actions were required to ensure full regulatory compliance.

This unannounced inspection took place over one day. There were 49 residents accommodated in the centre on the day of the inspection and one vacancy.

The inspector completed a walk around of the designated centre on the morning of the inspection. The centre was situated in a rural setting and many rooms afforded views of the surrounding countryside. The building was laid out to meet the needs of the residents and to encourage and aid independence. The communal spaces, which included a lobby, a day room and a dining room were bright, spacious areas with appropriate furnishings. The day room included an open fire which provided a homely feature for the residents. The hallways and corridors were equipped with handrails to assist residents to mobilise safely. Bedrooms were appropriately decorated and many residents had decorated their rooms with personal items and furniture. The building was warm and well ventilated throughout. Call-bells were available in all areas of the centre.

Residents also had unrestricted access to outdoor areas which included a variety of seating areas, flower beds and bird feeders. A number of residents told the inspector that they enjoyed getting out for a walk in the grounds. One resident was observed tending to the garden on the day of the inspection.

The centre had experienced a second outbreak of COVID-19 in February 2022. Throughout the outbreak the person in charge had worked closely with local public health professionals and the Health Service Executive (HSE) to ensure the outbreak was managed in line with the recommended guidance. The centre was COVID-19 free on the day of the inspection. The inspector acknowledged that residents and staff of the centre had been through a challenging time throughout this period.

The inspector spent time in the various areas of the centre observing resident and staff interaction. The majority of residents were up and about and the inspector observed many of them moving freely around the centre and interacting with each other and staff. A small number of residents spent time in the lobby reading the daily newspapers or enjoying quiet time. Other residents were observed in the day room reading, watching television and chatting. A number of residents were using the dining area for meals and snacks at various times throughout the day. There

was a friendly, relaxed atmosphere present throughout the centre.

The inspector spoke in detail with seven residents during the inspection. The general feedback was one of satisfaction with the care and service they received from the management and staff in the centre. One resident told the inspector that the staff 'always do their best'. Another resident told the inspector that they had a great life in the centre and one resident said they were free to choose how they spent their day. A number of residents who were unable to communicate verbally were observed to be content and comfortable in their surroundings.

The inspector also spoke with one visitor who spoke very positively about the care and support received by their loved one.

The inspector saw that the approach to care and support was resident focused. The staff knew the residents well and provided support and assistance with respect and kindness. The residents' personal care and grooming was attended to a good standard. Communal areas were supervised at all times and staff regularly checked residents who chose to remain in their own rooms. Residents were provided with opportunities to participate in recreational activities of their choice and ability. There was an activities co-ordinator on duty in the centre Monday to Thursday and a member of the care staff was allocated to facilitate activities Friday to Sunday. The staff on duty were knowledgeable about the residents' various individual preferences and routines. There were scheduled activities provided for the residents seven days a week.

Residents told the inspector that they had a choice of meals and drinks available to them. On the day of the inspection, the mealtimes were observed by the inspector. Food was freshly prepared in the centre's own kitchen and the meals served were well presented with a good choice of nutritious meals available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. The residents were complimentary about the food in the centre. The chef on duty on the day demonstrated good knowledge of the residents and their nutritional requirements.

The housekeeping staff who spoke with the inspector were knowledgeable about the cleaning process in place for the prevention and control of infection. While the inspector noted that the centre provided a homely environment for residents, some actions were required in respect of infection prevention and control. This is discussed further under Regulation 27: Infection control.

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

There was good infection prevention and control signage in place at key points throughout the centre. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place.

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 an inspector 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 inspector followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in March 2021. A number of the actions required following the previous inspection had been completed by the provider. However, the inspector noted that further actions were required as there were a small number of areas of repeated non-compliance identified during the inspection in relation to governance and management and care plans. The overall findings of the inspection evidenced that the management support structures required strengthening to ensure that the centre's own quality assurance systems were effective and ensured regulatory compliance. This will be discussed further under Regulation 23: Governance and Management.

The registered provider was Bridgelynn Ltd. The company had two directors, one of whom was the person in charge of the centre and the nominated registered provider representative. The previous inspection had identified that the dual role of registered provider and person in charge was a weakness in the governance and management of the centre. The compliance plan submitted to the authority in response to the previous inspection included an action by the provider to recruit an additional management post. However, the organisational structure of the centre was unchanged from the previous inspection. Therefore further assurance was required to ensure that the management arrangements in place were robust.

The person in charge demonstrated an understanding of their role and responsibility and was a visible presence in the centre. The person in charge was supported in their role by an assistant director of nursing and a full complement of staff including nursing and care staff, activities staff, housekeeping staff, catering staff, maintenance and administrative staff. While the person in charge and assistant director of nursing provided supervision and support to staff, further action was required to ensure the oversight of the service was effective.

The inspector found the residents were supported and facilitated to have a good quality of life. Care and services were of a satisfactory standard. The team providing direct care to the residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants.

There was a stable team in the centre which ensured that residents benefited from continuity of care from staff who knew them well. Staff, whom the inspector spoke

with, demonstrated an understanding of their roles and responsibilities. There was sufficient staff on duty to ensure the residents' needs could be met and teamwork was evident throughout the day.

The inspector observed that regular management meetings had taken place. Minutes of meetings reviewed by the inspector showed that a range of issues were discussed in detail, including COVID-19, residents' welfare, and infection control and training.

A range of audits were carried out by the person in charge which reviewed practices such as medication management, food and nutrition, infection prevention and control, and privacy and dignity. However, the monitoring system in place did not identify areas of non-compliance observed by the inspector on the day of the inspection.

The person in charge had completed an annual review of the quality and safety of care in the centre for 2021.

Inspector reviewed the policies required by the regulations and found that all policies were reviewed and up to date.

A sample of four staff personnel files were reviewed by the inspector and found not to have all the information required under Schedule 2 of the regulations. This will be discussed further under Regulation 21: Records.

Staff had access to education and training appropriate to their role. Staff with whom the inspector spoke with were knowledgeable regarding fire safety, protection of vulnerable adults and infection prevention and control.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre. However, the inspector found that not all complaints were documented in line with the centre's own policy.

Regulation 15: Staffing

The number and skill-mix of staff on duty during the inspection was appropriate to meet the direct care needs of the residents. There was a registered nurse on duty at all times.

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 training.

The inspector was not assured that there were adequate staff supervision arrangements in place. This was evidenced by:

- inadequate monitoring of the cleaning process in the centre
- lack of oversight of the residents clinical documentation to ensure assessments and care planning were accurate and up to date
- inadequate supervision of staff in relation to people moving and manual handling techniques. On the day of the inspection, the inspector observed a small number of staff using manual handling practices not consistent with current best practice.

Judgment: Substantially compliant

Regulation 21: Records

The inspector found that records were not managed in line with regulatory requirements. For example, a sample of staff files was reviewed by the inspector and found not to have all the required information as set out in Schedule 2 of the regulations. This included files that did not contain the following;

- the required up-to-date employment history
- the correct previous employment references.

In addition, the nursing records reviewed by the inspector did not include details of psychotropic medication administered to a resident who was prescribed this medication on an 'as required' (PRN) basis. The rationale for the administration of the medication or the evaluation of the treatment was not recorded to determine if it was effective and had a positive outcome for the resident. This was also identified in the previous inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined management structure in the centre. However, while the person in charge and assistant director of nursing provided supervision and support to staff, further action was required to ensure the oversight of the service was

effective. The inspector found that the management systems in place to facilitate oversight of a number of key areas was not robust and as a result, the system to monitor and evaluate the quality and safety of the service failed to address areas of risk. For example;

- oversight of nursing and care planning documentation
- oversight and supervision of infection prevention and control practice.

These were repeated findings since the last inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector was informed of a small number of complaints that had been brought to the attention of the management team by one resident. A review of the complaints record found that these concerns had not been documented or managed in line with the centre's policy.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies, required under Schedule 5, were in place and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents felt safe and were supported and encouraged to have a good quality of life in this centre. There was a person-centred approach to care and overall, the residents' well-being, choices and independence were

promoted and respected.

The inspector reviewed a sample of residents' files and found evidence that the residents' health and social care needs were assessed using validated tools which were used to inform care planning. Each resident had a care plan in place with information regarding each individual's needs. Nursing staff spoken with were knowledgeable regarding the care needs of the residents. However, this was not consistently reflected in the nursing documentation reviewed during the inspection. The care plans reviewed by the inspector did not provide clear guidance on the current care needs of the residents. This is discussed further under Regulation 5: Individual assessment and care plans.

Residents had access to medical care with the residents' general practitioners providing on-site reviews. 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.

There were opportunities for residents to consult with management and staff on how the centre was run. There were residents' committee meetings held and a wide range of topics were discussed. Residents had access to an independent advocacy service.

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

The premises was generally well maintained. Equipment used by the residents had been serviced and was safely stored when not in use. The provider had replaced the carpets with linoleum in the bedroom areas and upgraded a number of items of furniture following the previous inspection.

Infection prevention and control (IPC) measures were in place. The provider had completed the actions required following the previous inspection. Staff had access to appropriate IPC training and staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. While the centre had a COVID-19 contingency plan in place, this plan did not include staffing arrangements in the event of an outbreak. In addition, this document required updating to reflect the latest public health advice and guidance. The inspector observed that some further action was required to ensure the premises and lived environment supported appropriate infection prevention and control practices. This will be discussed under Regulation 27: Infection control.

A review of fire safety systems in the centre found that there was good practice in the centre. Staff were knowledgeable and clear about what to do in the event of a fire. Fire safety training and evacuation drills were carried out to provide assurance that residents could be safely evacuated in the event of an emergency.

Regulation 11: Visits

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

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

A number of actions required to ensure the centre was in compliance with infection prevention and control standards were found on the day of the inspection including:

- daily cleaning schedules were not consistently completed
- a number of en-suite facilities in twin bedrooms did not have sufficient storage facilities available for residents' personal property resulting in residents' toiletries stored on window sills in close proximity to toilets which was a risk of cross contamination
- a number of en-suite facilities contained wall-mounted toothbrush holders that were visibly unclean
- a small number of commodes and shower chairs were visibly soiled
- there was a lack of appropriate bins in a number of areas
- the laundry room was visibly unclean including a build up of dust and debris behind machines.
- the sluice room contained damaged and rusted wall-mounted racking.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire drill records reviewed by the inspector included sufficient information regarding the evacuation needs and numbers of residents evacuated to provide assurance that residents could be evacuated safely in a timely manner in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector observed that action was required to ensure care plans were up to date and reviewed in line with the assessed needs of the residents. For example;

- two different assessment tools were used to assess residents' risk of developing pressure related injury which provided conflicting information about the care needs of the residents
- a number of care plans had not been reviewed at least every four months, in line with regulatory requirements.
- one resident's assessed as being at risk of malnutrition did not have their care plan updated since 2021
- one resident's care record had conflicting information regarding their mobility needs. The falls care plan had a different mobility need to that of the manual handling assessment.

Judgment: Not compliant

Regulation 6: Health care

The inspector found that the residents had 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 healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspector saw that the residents' privacy and dignity was respected. Residents told the inspector they were well looked after and that they had a choice about how they spent their day. The centre had facilities for activities and recreation.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	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	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Little Flower Nursing Home OSV-0000355

Inspection ID: MON-0036609

Date of inspection: 27/04/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Person in charge currently checking daily cleaning schedules have been signed. • All staff re-assessed in manual handling techniques. • Epiccare has been updated to ensure care plan review dates are not missed. 	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • All employee CV's have been checked and updated where required. • Nurses have been re-educated re: importance of documenting the rationale for administering the medication and the outcome in the progress notes. The ABC chart had been completed. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:

- The duty rota now clearly shows the Person in Charge on duty Monday to Friday. The Assistant Director of Nursing is also on duty in a supervisory role with at least one registered nurse in the morning. There are two registered nurses on duty for evening and night shifts.
- The Person in Charge checks cleaning schedules have been carried out and signed for on a daily basis.
- The PIC and ADON are monitoring all staff with manual handling techniques.
- The PIC and ADON are doing three monthly audits of care plans and assessments to ensure compliance.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- All complaints are either documented in the minor complaints book or submitted in writing to the Person in Charge.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- Daily cleaning schedules are checked prior to end of shift by the Person in Charge.
- Storing of Residents' personal property in en-suites has been addressed.
- Cleaning was underway at the time of inspection which meant some areas had not been attended to at that time. Random inspections of cleaning is currently carried out by the Person in Charge.
- Laundry room checked on a daily basis by Person in Charge to ensure cleaning schedule adhered to.
- Sluice room storage rack has been replaced.

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none">• There is only one assessment tool used for risk of pressure related injury.• All care plans have been checked and reviewed.• Dietician had requested monthly weights on one resident but staff adhere to nursing home policy which is weekly weights of all residents to ensure risk of malnutrition is avoided	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/05/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/05/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	01/05/2022
Regulation 23(c)	The registered provider shall	Substantially Compliant	Yellow	20/05/2022

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	10/05/2022
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	01/05/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Not Compliant	Orange	30/05/2022

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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