



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Nightingale Nursing Home
Name of provider:	Maureen Healy
Address of centre:	Lowville, Ahascragh, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	04 November 2020
Centre ID:	OSV-0000371
Fieldwork ID:	MON-0031000

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
--	----

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 4 November 2020	10:00hrs to 16:00hrs	Catherine Sweeney	Lead
Wednesday 4 November 2020	10:00hrs to 16:00hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

Inspectors spoke with 17 residents on the day of inspection. Residents spoken with explained that they had been through a difficult and worrying time during the outbreak of COVID-19 but stated that they felt very safe and supported. They were happy that the regular staff had returned to work and that things seemed to be getting back to normal. One resident said 'the virus made me feel very down and out; i'm glad to feel that things are going back to normal'.

One resident told inspectors that they were kept up-to-date with all the changes throughout the outbreak, while another resident explained that 'the virus had us all worried for a while, but we were kept informed of everything and things seem to be settling down now.'

Residents told inspectors that they were well looked after and that all their care needs were met. Inspectors observed the personal care of the residents to be of a high standard.

Residents were observed moving independently around the centre, and utilising the communal space available to them including three day rooms and a dining room. One resident was observed taking a walk outside. One resident told the inspectors that they had the virus but that they were able to get up and walk around, and keep the legs moving, which they were very grateful for.

Residents were observed to be socially engaged with each other and with the staff. All interaction between staff members and residents was observed to be kind and respectful.

Staff reported that residents were fatigued since the start of the outbreak and spent longer periods of time in bed. Residents also confirmed this to be the case.

Capacity and capability

This inspection was an unannounced risk-based inspection conducted over one day. The registered provider is a sole trader. The provider is a registered nurse and is actively involved in the day to day operation of the centre.

This risk-based inspection was carried out following

- the notification to the Chief Inspector of an outbreak of COVID-19,
- concerns regarding the governance and management of the centre that arose

during the recent outbreak of COVID-19

The Chief Inspector was informed of an outbreak of COVID-19 on 19th October 2020. During the outbreak, a total of 28 residents and 14 staff members tested positive for COVID-19. All staff and 23 residents affected by the virus had recovered, but sadly five residents had died.

Inspectors acknowledged that residents and staff living and working in centre have been through a challenging time. They acknowledged that staff and management always had the best interest of residents at the forefront of everything they did at the height of the outbreak and at the present time. However, significant improvement and focus is now required to implement adequate and effective management systems to ensure safe, quality care for residents.

While the governance and management arrangements in the centre were effective prior to the outbreak of COVID-19, the unprecedented events during the outbreak highlighted vulnerabilities within the management systems. The initial response and reaction of the registered provider gave rise to concerns over the governance and management of the centre in relation to leadership, staffing and infection prevention and control arrangements. On foot of these concerns, inspectors of social services engaged extensively with the provider and person in charge to ensure that residents were provided with the care they required.

On the evening of 20 October 2020 Inspectors were informed by the person in charge that the reduced staffing level in the centre, and the lack of availability of staff on an on-going basis posed a significant risk to the care and welfare of the residents.

The provider representative and the person in charge were unable to attend the designated centre between the 21st and 29th October 2020 due to their exposure to the virus. This resulted in a situation whereby there were only one clinical nurse manager and two members of the care staff who were familiar with the residents needs and available to care for the residents.

The centre was supported during this period by the Health Service Executive (HSE) Outbreak Crisis team, with the provider heavily reliant on support from the HSE to maintain staffing at the required levels. This cover included health care managers, registered nurses, carers, and the support of an infection control nurse specialist. The provider made arrangements to employ a contract cleaning company.

The centre had a good history of regulatory compliance prior to the outbreak. A recent inspection conducted in July 2020 found that care was delivered to a high standard and that residents experienced and reported a high quality of life in the centre. However, the outbreak of COVID-19 highlighted vulnerabilities in the service that required review. The provider structure and management systems required significant review to ensure that there were sufficient staffing, improvements in record keeping, infection prevention and control in the event of a similar occurrence in the future.

This inspection focused on the Care and welfare of residents during the outbreak of

COVID-19 and the associated regulations.

Regulation 15: Staffing

On the day of inspection there were 24 residents accommodated in the centre and one resident in hospital. Three residents were assessed as having maximum dependency needs, seven high, seven medium and eight having low dependency needs. All residents were in the recovery phase of COVID-19 infection.

During the morning of the inspection the staffing roster was found to be incomplete for night duty for the next two nights, despite efforts by the management team to cover the roster through agency, HSE and the centre's own staff. Staff availability was further exacerbated by the resignation of some staff and staff whose vulnerabilities did not allow them to return to work. Staffing for night duty was secured by the provider with the regular staff agreeing to work extra hours.

A review of the staffing levels on the roster and outlined in the centre's statement of purpose did not provide assurance that the centre had adequate staffing numbers and skill-mix to ensure that there was sufficient staff available to cohort residents to positive and negative areas in line with Infection and prevention guidelines in the event of a second outbreak.

The centre did not have adequate cleaning staff on the roster to ensure that the centre was cleaned to the appropriate standard. The provider had engaged the services of contract cleaners while recruitment took place.

There was only one person working in the kitchen for food preparation. A review of available catering staff was also required to ensure that care assistant duties were not diverted to kitchen duties.

The provider was requested, as a priority, to review and ensure that in the future, there was an adequate number and skill mix of staff available to care for the residents living in the centre. The provider was also requested to develop a contingency plan, should staff become ill so that the delivery of the service could be sustained. The finding of this inspection in relation to staffing is of considerable concern when viewed in the context of a centre that required significant resources and support from the Health Service Executive (HSE) to deal with staff shortages during the first COVID-19 outbreak in the centre. If such an outbreak was to reoccur the provider would once again be unable to staff the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

All staff in the centre had received updated training in infection prevention and control. Staff were observed to follow hand hygiene and social distancing protocols. Staff were knowledgeable about the safe use of personal protective equipment.

A review of the training requirements of all staff nurses in relation to the recognition of symptoms of COVID-19 and the pronouncement of death was required in light of the highlighted need for these skills during the outbreak.

Judgment: Substantially compliant

Regulation 21: Records

The systems in place to record residents nursing care prior to the outbreak was recorded on both an electronic system and a hand written system. For example, the residents assessments were documented on the electronic documentation system, the residents daily progress notes and their care plans are stored in a paper-based resident file. Assessments from the electronic system were printed out and filed in the residents folder.

Notwithstanding that this system worked effectively prior to the outbreak, the recording system was not accessible to the the provider representative or the person in charge during the outbreak. Inspectors reviewed the daily progress report recording changes in the residents condition in the week prior to the outbreak. The hand written record of the daily report available in the residents file did not include the records prior to the resident testing positive. These records had been filed in a folder in a separate filing cabinet which was not organised to ensure easy access to the residents records. It was therefore difficult to assess whether appropriate medical and nursing intervention had been received by the resident.

This system of recording made it difficult for the management team to review the medical and nursing intervention delivered by the HSE nursing and care team to the residents between 21st and 29th October 2020.

Some residents files were not stored within the designated centre as required under regulation 21.

Judgment: Not compliant

Regulation 23: Governance and management

The governance and management in the centre had been significantly impacted by the COVID-19 outbreak. The key concerns in relation to the governance and management of the centre were

- the provider's preparedness for an further outbreak of COVID-19
- the systems in place to provide oversight and monitoring were not robust enough to ensure good communication and nursing oversight during the outbreak. For example, the system of record keeping did not facilitate the provider or the person in charge to access the centres COVID contingency plan or the nursing records during initial stages of the outbreak.

At the time of the inspection, the impact of the outbreak was still being felt by residents and staff. A number of staff remained on COVID-19 sick leave and a number of other staff had resigned their positions. In light of the increased care needs of the residents recovering from COVID-19 infection, inspectors concluded that the provider did not have adequate resources to ensure high quality care and support could be delivered to the residents. The providers agreed to recommence a carer on a twilight shift to support the care of residents who return to bed earlier than normal due to reported fatigue.

Inspectors also found that the staffing contingency plan had not been updated to ensure that there would be adequate staff available to cohort residents in the event of a further outbreak.

The registered provider had continued to contract a cleaning company to provide cleaning and was in process of recruiting additional cleaning staff.

On the day the outbreak began, the provider nor the person in charge were able to attend the centre due to their exposure to the COVID-19 virus. The paper-based system of record management in the centre meant that the management team did not have access to the centres COVID-19 contingency plan or to the residents care records.

The record system created a risk. The paper-based documentation system used for clinical and nursing notes did not facilitate the overview required to monitor residents for potential symptoms of COVID-19. Inspectors reviewed the file of a resident who was diagnosed with COVID-19 on the 2nd October 2020 as part of a full resident COVID-19 screen. The review of the resident's file and daily nursing documentation found that this resident had a 'dry, irritable cough' on the 17th October 2020. This was not recognised by the nursing team as a possible indication for COVID-19 testing. Another resident displayed low oxygen saturation levels, another possible indication of COVID-19 on the 12th and 17th of October. Again, there was no referral for COVID-19 testing.

The provider had communicated effectively with residents and their representatives in relation to the changes that were taking place in the centre. All residents and their families had been told about their COVID-19 diagnosis.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose and function required review to ensure the total staffing complement is outlined, in line with the requirements under Schedule 1 of the regulations.

Judgment: Substantially compliant

Quality and safety

This inspection took place during an outbreak of COVID-19 in the centre. All the residents accommodated in the centre on the day of the inspection had been diagnosed with COVID-19. The centre had a COVID-19 contingency plan in place prior to the outbreak, however, due to the level of COVID-19 among the staff in the centre, it was not possible for the provider to provide the care required to residents during the first week of the outbreak. During this period care was managed, delivered and recorded by HSE and agency staff.

The premises was visibly clean on the day of inspection. There was an up-to-date infection prevention and control policy and a COVID-19 management policy in the centre available for review. The provider was in the process of recruiting a second cleaner to ensure Health Protection Surveillance Centre (HPSC) "Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities" cleaning and cohorting guidelines could be facilitated.

Notwithstanding the issues regarding record keeping, there were procedures in place for recording resident and staff signs and symptoms of COVID-19, such as monitoring temperatures and ascertaining if they were symptomatic, to prevent a further outbreak in the centre. However, there was no system in place to review these records and identify any issues of concern.

Inspectors noted a number of infection control issue on the day of inspection that required review, for example, staff adherence to uniform policy. Although there were hand gel dispensers located at suitable intervals throughout the premises, there were limited clinical hand wash basins in the premises.

Residents had access to a general practitioner throughout the period of the outbreak. All residents had also been reviewed by a consultant geriatrician following their COVID-19 diagnosis.

Residents' rights were upheld throughout the outbreak. The provider and management team had systems in place to ensure effective communication with residents and their families. Residents appeared relaxed and comfortable in the company of staff. There continued to be an activity schedule in place that allowed for social engagement and facilitated the centre to return to a normal routine.

Residents reported that this was important to them and their quality of life.

Regulation 27: Infection control

Observations made by inspectors showed that alcohol hand gel, and PPE including gowns, surgical masks and eye protection were available. Inspectors were told that enhanced cleaning to include frequently touched surfaces was in place. A new system of clocking-in-and-out for employees was on trial which enabled employees to enter and leave the centre hands free therefore eliminating an infection risk.

Additional opportunities for further improvement in relation to infection prevention and control were identified:

- The management of laundry required review. For example, laundry was not separated into a clean and dirty area.
- Hand hygiene facility in the clinical room was small and not appropriate for correct hand hygiene technique.
- There was no area to prepare medications in the medication room.
- Inspectors observed poor adherence to the centres uniform policy on the day of inspection.

Judgment: Substantially compliant

Regulation 6: Health care

The provider had a plan in place to have all residents reviewed by their doctor and allied health care professionals such as a physiotherapist, dietitian, and a chiropodist. The centre also continued to be supported by psychiatry of late life and community palliative care services.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to an appropriate activity schedule and opportunities for social engagement. Residents had access to television, radio and newspapers.

Resident reported that they had been kept up-to-date with all the changes that had taken place in the centre since the outbreak. There was evidence that residents families had been communicated with regularly.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 27: Infection control	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Nightingale Nursing Home OSV-0000371

Inspection ID: MON-0031000

Date of inspection: 04/11/2020

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels are continually reviewed. The Proprietor is actively engaged with a number of agencies to facilitate the sourcing of permanent nursing and care staff. Two full time Staff Nurses have been recruited with a start date of 31.03.2021. An additional member of cleaning (Domestic) staff has been employed and we maintain our contract with an external commercial cleaning company in the event that they are required. The Proprietor is actively engaged with agencies and advertising with regard to sourcing additional care staff. Our contingency plan and statement of purpose have both been updated.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Our staff training matrix has been reviewed and a schedule for training for all members of staff generated. This includes additional training for all staff nurses in relation to the Pronouncement of Death. All nursing staff will have completed this training by 28.02.2021.	
Regulation 21: Records	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 21: Records: We are currently in the process of transferring all resident records to an electronic record keeping system. This will be completed by 28.02.2021.</p> <p>An application to vary registration in order to include adjacent office as part of overall nursing home premises will be submitted by 31.03.2021.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Contingency plan updated 12.11.2020 and again 19.01.2021. Resident records transferred to electronic system by 28.02.2021. We are currently recruiting for the post of DON/PIC with a view to immediate employment. A recruitment process is in place to secure staff in both care and nursing roles with a view to fulfilling those roles by 31.03.2021.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been reviewed and updated – 19.02.2021</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The handwashing sink in the clinical room is to be replaced by 12.02.2021. A new medication preparation area will be installed in the clinical room by 12.02.2021. The importance of adherence to the uniform policy has been emphasised to all staff as integral to infection prevention and control. Where updates are required in training they will be implemented by 28.02.2021.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/03/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/02/2021
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident	Not Compliant	Yellow	31/03/2021

	has ceased to reside in the designated centre concerned.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	31/03/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/03/2021
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	31/03/2021
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	28/02/2021

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	19/01/2021
------------------	---	-------------------------	--------	------------