



**Health
Information
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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:	15 July 2020
Centre ID:	OSV-0000371
Fieldwork ID:	MON-0030026

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:	27
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 July 2020	10:30hrs to 17:30hrs	Catherine Sweeney	Lead
Wednesday 15 July 2020	10:30hrs to 17:30hrs	Leanne Crowe	Support

What residents told us and what inspectors observed

Inspectors met with several residents and family members on the day of inspection. The feedback received was overwhelmingly positive, with residents eager to inform the inspectors of the quality of life in the centre.

Inspectors observed the residents enjoying time socialising in the communal areas of the centre and mobilising throughout the day to their bedrooms. Residents were also seen walking in the grounds and the well maintained internal patio garden, which was accessible to all residents.

Residents told the inspectors that they 'couldn't be happier' and that they were 'well looked after'. Residents described feeling very safe in the centre, especially in light of the current COVID-19 concerns. Residents explained that the staff kept them informed of all the changes in relation to the restrictions in place to prevent the spread of infection. Residents stated that they were aware of the risks associated with the virus but they felt that the staff were doing everything to keep them safe.

Residents told inspectors that they had enjoyed window visits and video calls with their families throughout the period of COVID-19 restrictions. Inspectors observed visiting being facilitated throughout the day of inspection.

Residents told the inspectors that staff were kind and respectful. This was seen to be the case in all the interactions observed between staff and residents on the day of inspection.

Residents spoken with expressed satisfaction with the level of social engagement throughout the day. One resident said 'there was always plenty to do, always something going on, it's great'.

Inspectors observed the meal time to be a relaxed and social occasion. Meals appeared to be appetising and nutritious.

Residents relatives were complimentary of the level of communication and visiting arrangements in the centre. One relative told the inspectors 'I have no concerns, the residents here are very well looked after. It's a lovely place to visit'.

Capacity and capability

This was an unannounced inspection by the Office of the Chief Inspector to inform an upcoming registration and to follow up on findings of a previous inspection on 17 July 2019. The registered provider and the person in charge were present on the

day of inspection.

At the time of the inspection, there had not been any suspected or confirmed cases of COVID-19 in the centre. Inspectors acknowledged that residents and staff living and working in centre have been through a challenging time with the COVID-19 restrictions in place. They acknowledged that staff and management had the best interest of residents at the forefront of everything they did at the height of the outbreak and at the present time.

The registered provider representative (RPR) is a registered nurse who is actively involved in the management of the centre on a daily basis. The person in charge is supported by a clinical nurse manager. Inspectors found that the governance and management of the centre was well organised. The responsibilities and the lines of authority were clearly defined. The management team had systems in place to ensure that they had appropriate governance and oversight in the centre.

The management team had effective oversight of all aspects of the service, both clinical and environmental. This included nursing care and documentation, complaints management, incident and accident management and staffing. A system of clinical and environmental auditing was in place and reviewed regularly.

On the day of the inspection, all of the information requested by the inspectors was made available in a timely manner.

Inspectors found that the actions from the last inspection had been fully addressed.

A review of the rosters found that staffing levels in the centre were appropriate to meet the assessed needs of the residents. Staff were appropriately recruited and trained. An appropriate level of supervision and support was available to the staff.

Regulation 14: Persons in charge

The person in charge in the centre was a suitable qualified and experienced nurse. The person demonstrated an awareness of their obligations under the Health Act 2007 and a commitment to ensure compliance with regulations. They had a strong presence in the centre and was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill mix were appropriate to meet the assessed needs of residents. There was an actual and planned staff rota available that reflected the staffing on the day of the inspection. A registered nurse was on duty at all times.

Management operated an on-call system at weekends.

Inspectors found that residents were well supervised by staff. Call bells were answered promptly and staff provided timely assistance to residents. Inspectors observed that staff took time to engage with residents throughout the inspection, which residents responded positively to.

Judgment: Compliant

Regulation 16: Training and staff development

There was an effective recruitment and staff induction procedure in place. Staff were supervised appropriately in their role, and a programme of annual appraisals was in place.

Regular staff meetings took place and records of these were available for review by inspectors.

A staff training programme was in place and all staff were facilitated and supported to complete mandatory and professional development training. All staff had up-to-date training in fire safety, moving and handling practices and the prevention, detection and response to abuse. Staff had also completed training in areas such as responsive behaviours, dementia care, deprivation of liberty, venepuncture and the administration of subcutaneous fluids. Additional training in infection prevention and control measures relating to COVID 19 had also been completed by staff.

Inspectors reviewed a sample of staff files and found that they contained all of the documents required by Schedule 2 of the Regulations, including An Garda Síochána (police) vetting. Current professional registration details were available for nursing staff. The provider told inspectors that all staff employed in the centre had Garda vetting in place.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents for the centre, which contained all of the information required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The centre had a current certificate of insurance which provided appropriate cover against injury to residents and material damage.

Judgment: Compliant

Regulation 23: Governance and management

The centre has sufficient resources to ensure the effective delivery of care. There was a clearly defined management structure in the centre. Management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A contract was on file for each resident. The contract was in an accessible format and signed by the residents and their representative, where appropriate.

Judgment: Compliant

Regulation 3: Statement of purpose

A review of the Statement of Purpose found that it contain all the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications had been submitted to the Chief Inspector within the appropriate time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints and a summary of this policy was displayed in the reception area of the centre. The policy outlined how complaints were managed and responded to, as well as details of available advocacy services and the appeals process, including the office of the Ombudsman.

A complaints log was maintained by the person in charge. The log demonstrated that complaints were investigated and responded to promptly and appropriately, and corrective action was taken where necessary. Complainants' satisfaction with the outcome of their complaint was also obtained.

Judgment: Compliant

Regulation 4: Written policies and procedures

The Schedule 5 policies were in place and were being used to inform and guide staff practice. The policies were centre specific and all had been reviewed in the previous 12 months.

Judgment: Compliant

Quality and safety

Overall, inspectors found a positive culture of person-centred, respectful care in a well managed and supervised environment. The physical and psychological well-being of residents was maintained and supported by the care systems in place. Inspectors were satisfied that the direct care given to residents was of a high quality.

A walk around the premises found that the centre was warm, well maintained and comfortable. Residents' bedrooms were seen to be decorated in a personalised manner. The design and layout of the premises met the current needs of the residents. A number of fire safety issues required attention, including a review of the displayed fire safety maps, door closing devices and a compartment size.

All residents had a comprehensive assessment, care plan and life story on file. All

nursing documentation reviewed was person-centred and appropriate to the assessed needs of the residents.

Residents' health care needs were met through timely access to allied health care professionals, particularly during the COVID-19 restrictions.

Residents' rights to dignity and privacy was respected. Resident exercised choice in relation to where and how they spent their day. There was a choice of communal areas available for residents to spend time alone or with other residents. Staff were observed taking time to engage with residents in a meaningful manner throughout the inspection.

Residents had access to local and national media through radio, TV and newspapers. Inspectors observed planned visiting being facilitated throughout the day of the inspection.

Regulation 11: Visits

The centre previously had a policy of unrestricted visiting in place. However, due to COVID-19 restrictions, the centre had implemented appropriate systems to ensure that residents could contact their family and friends during the COVID-19 period. On-site visiting was facilitated at the time of the inspection. This was informed by the 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 guidance.

Inspectors observed residents receiving visitors throughout the day of inspection. Feedback from residents and families was positive in relation to the visiting arrangements.

Judgment: Compliant

Regulation 17: Premises

The centre is a single story building that accommodates a maximum of 31 residents. The centre was clean and in a good state of repair. The provider was in the process of upgrading and the refurbishing the centre, which included the painting of bedrooms and corridors and the replacement of chairs. A plan to progress some of these works was delayed by the COVID-19 restrictions. However, at the time of the inspection, doors to toilets/shower rooms, communal rooms and bedrooms were being painted specific colours to support residents to easily identify them.

A new accessible shower was fitted in the Hibiscus wing and a hoist was installed to improve resident access to a bath in that wing. The call bell system had also been

upgraded since the last inspection to ensure that each room was now identifiable on the call bell panel. These improvements were completed in line with the provider's compliance plan from the last inspection.

Judgment: Compliant

Regulation 27: Infection control

The centre was visibly clean on the day of inspection. There were systems in place to ensure that staff were aware of and complying with the 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 guidance.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, fire safety was well managed in the centre. A review of the fire register found that the fire detection system in place and the fire fighting equipment had been serviced in line with requirements. Additional directional signage had been installed since the last inspection. Each resident had a detailed personal emergency evacuation plan in place. All staff had received training in fire safety precautions. However, a number of issues required review to ensure compliance with Regulation 28.

- Emergency evacuation drills were performed using simulated night time staffing levels to evacuate the largest compartment in the centre which accommodating 12 residents. The drills were timed and the recorded times provided some assurance that the evacuation time was acceptable. However, a review of the size of this compartment was required to ensure that safe evacuation would be possible in all circumstances, including an increase in the dependency level of the residents accommodated in this compartment
- The fire maps displayed on the walls to direct residents, visitors and staff to the nearest emergency exits did not clearly identify the compartments or the direction of the emergency exits. The provider representative gave assurances that this work was in progress but was delayed due to the COVID-19 restrictions
- A review of glass panels covering the skylights in the Hibiscus wing and the attic access routes was required to ensure that they are appropriately sealed to prevent the spread of fire
- A review of all the fire doors is required to ensure that the closing

mechanisms are in working order.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident had an appropriate assessment and care plan documented in line with the requirements under Regulation 5. Care plans were informed by assessments of each resident and contained the person-centred detail required to deliver individualised high-quality care. The care plans were accessible to the residents and there was evidence that the residents and their relatives had participated in the development of the care plan.

A life story for each resident was incorporated into the resident's care file. The detail contained in the life story clearly presented the individuality of each resident and facilitated a person-centred approach to care delivery. This was evidenced in the interaction of staff with residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to their general practitioner (GP) and some residents had been reviewed on-site during the COVID-19 period. Other residents had access to their GP through telephone conference. Resident had retained access to a physiotherapist, speech and language therapist and the chiropodist. Visits by allied health care professionals had been risk assessed and facilitated in line with HPSC national guidance.

Judgment: Compliant

Regulation 8: Protection

The centre had a policy in place to protect the residents from abuse. This policy was in line with national guidance for the safeguarding of vulnerable adults. All staff had received training in the prevention, detection and response to abuse. All staff had Garda vetting certificates on file.

The centre does not act as a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

The residents continued to have access to a wide range of activities and opportunities for social engagement throughout the COVID-19 period. Residents were regularly consulted on their social and psychological needs.

Inspectors reviewed the residents' meeting notes and found that residents were informed and updated regularly in relation to COVID-19 information. Inspectors' noted that a residents' meeting was held the evening before the residents were due to be tested for the virus, which was used to allay any fears or questions the residents may have had about the procedure. Residents told the inspectors that they had found this very comforting and reassuring.

Residents had access to television, radio, newspapers and the Internet. A system was in place to facilitate residents to vote in the centre during elections.

The activity schedule had been altered due to the restrictions posed by COVID-19. There was an activity coordinator assessing the social needs of the residents on a daily basis and tailoring the activities to the residents' wishes.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Nightingale Nursing Home OSV-0000371

Inspection ID: MON-0030026

Date of inspection: 15/07/2020

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Replacement of skylight panel and attic access reviewed – completion by 30th September 2020. • Closing mechanisms on all doors have been reviewed, one mechanism noted to require adjustment to close completely and one additional closer to be installed – completion by 30th September 2020. • Review of the largest compartment – review indicates that the changing needs of our residents may be better served by reducing the size of this compartment which we will have completed by 30th September 2020. Fire maps now indicate the direction of exit, have been increased in size and compartments will be added when the new compartment has been completed (30th September 2020). 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable firefighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/09/2020