

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Nightingale Nursing Home
Centre ID:	OSV-0000371
Centre address:	Lowville, Ahascragh, Ballinasloe, Galway.
Telephone number:	090 968 8095
Email address:	nightingalenursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maureen Healy
Lead inspector:	Catherine Sweeney
Support inspector(s):	Gearoid Harrahill
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	3

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 July 2019 10:00 To: 17 July 2019 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection conducted to determine the standard of care and quality of life for people with dementia living in the centre. The centre completed the provider's self-assessment and compared the service delivered in the centre with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016). The inspection focused on specific outcomes relevant to dementia care and followed up on the actions from the previous inspection completed in June 2017. All actions were fully addressed. The person in charge was not on duty on the day of inspection. The inspection was facilitated by the clinical nurse manager.

There was no specific dementia care unit within the centre. In total, four residents had a formal diagnosis of dementia with a further two residents who had symptoms

of dementia. The inspectors tracked the care pathways of residents with dementia and spent periods of time observing staff interactions with residents. A validated observational tool, the quality of interaction schedule (QUIS) was used to rate and record the quality of interactions between staff and residents. Documentation such as assessments, care plans, clinical records, policies and procedures and staff records were reviewed. Overall, Inspectors found that care was delivered to a good standard by staff who knew the residents well and were observed to provide care in a respectful and person-centred way.

The centre is a single-storey building located near the village of Ahascragh in Co. Galway. The living environment was decorated in a homely and attractive manner. Residents were admitted from the local area and were well known to staff. Residents told the inspectors that they were well cared for and felt safe within the centre. The inspectors observed numerous examples of good practice in areas examined which resulted in positive outcomes for the residents.

The activities programme within the centre ensured that residents had meaningful social engagement appropriate to their needs and preferences. Residents feedback was regularly sought and this information was used by the provider to ensure care delivery met the needs of the residents. In general, the rights and privacy of resident was respected and facilitated, however, Inspectors found that the availability of accessible showers required review.

A review of the call bell system within the centre was required to ensure that residents can access staff in a timely manner.

During this inspection of the six outcomes assessed, there were two substantially compliant and four were complaint. The findings are discussed in the body of the report and improvements are outlined in the action plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that residents' overall healthcare needs were met and that they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to the residents preferences.

Inspectors tracked the journey of three residents with a diagnosis of dementia.

There was a policy in place that set out how residents' needs would be assessed prior to admission. Inspectors found that a comprehensive assessment of residents needs was completed before admission to the centre. The centre had a system of on-going clinical assessment which was completed on admission and reviewed regularly. A social care assessment was completed for all residents by the activity coordinator. A life story assessment had been developed for residents with a diagnosis of dementia.

Care plans for residents were detailed and person-centred. There was evidence that care plans had been developed and reviewed in consultation with the residents. Care plans clearly identified the residents needs and choices and the action to be taken to achieve identified goals. Staff spoken to were knowledgeable about the needs of each resident, as documented in the care plans.

Arrangements were in place to meet the health and nursing needs of residents with dementia. Residents had access to general practitioner (GP) services. The local GP attended the centre regularly. Residents also had access to an out-of-hours GP service. There was good access to allied healthcare professionals including physiotherapist and occupational therapist. In addition, the centre also has access to dietetic, speech and language, tissue viability, and podiatry services. Residents are supported by the psychiatry of later life home care team. In the sample of files reviewed, information regarding the assessment, involvement and recommendations of these services was reflected.

Inspectors were satisfied that weight changes were well managed. All residents were weighed regularly. Care plans relating to eating and drinking were found to be comprehensive. Staff were knowledgeable about residents who required assistance with

meals or who required special diets. Menus were clearly displayed and offered a variety of choices. Staff confirmed that residents were provided with alternatives , if requested. The dining room was warm and inviting. The table settings were attractive and residents told inspectors that they enjoyed having their meals in the dining room. Fresh drinking water was available throughout the centre.

Inspectors were satisfied that the activity schedule was developed with regard to the needs and wishes of the residents. Resident feedback was positive in relation to the variety of activities within the home. Residents were encouraged and facilitated to pursue individual activities of their choosing.

There were written policies in place to ensure evidence based practice. All policies have been reviewed and signed by staff.

Inspectors found that there was a robust and safe system of medicine management in the centre.

There was a comprehensive end-of-life policy in place. Staff confirmed that they had access to the support and advice from the palliative home care team.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents spoken with felt safe and secure in the centre and were comfortable with their environment and the staff delivering care and assistance.

Inspectors found that the provider had taken adequate measures to protect residents from abuse. A policy and procedure document was maintained for the prevention, detection and response to suspected, alleged or actual incidents of abuse. Staff were aware of their responsibilities to the residents in this regard and were familiar with how and to whom safeguarding issues were reported. Staff had attended training in safeguarding of vulnerable adults and a review of staff files provided confirmation that all staff have a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016.

The provider had facilitated training for staff in caring for residents with dementia or who exhibited responsive behaviours associated with a diagnosis of dementia or

cognitive impairment.

The centre promoted an restraint-free environment. No residents had rails on their beds or belts on their chairs. Some residents had sensor mats on their chair or bed and the use of these was assessed and reviewed relative to the risk involved. Residents were not restricted from moving around the centre or going out to the garden. A locked front entrance and visitor log book ensured that staff were aware of people coming and going from the building.

Where centre management held on to small amounts of cash or valuables, this was done securely and with appropriate safeguarding measures to protect residents finances and property.

The centre did not act as a pension agent for any residents.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A structured activities and recreation programme was in effect in the centre with a designated member of staff recruited to deliver this. The activities coordinator was knowledgeable of the needs, preferences, interests and personalities of residents. There was a range of group activities on offer including bingo, art, games, exercises and baking. Records from these sessions identified residents who participated directly, those who passively enjoyed the social element, and those who opted for alternatives. This allowed the provider to confirm that all residents had meaningful social engagement and mental stimulation suitable for their needs and interests. The activities coordinator was able to set time aside in their day to spend with residents who would benefit more from individual recreational activity such as being read to, playing cards or having quiet sensory interactions. Seasonal events took place in the centre, as well as musicians or school students visiting the centre.

Residents were on the electoral register and were facilitated to vote in elections and referenda in the nursing home, if they were unable to attend their local polling station. A priest was available to attend the centre regularly to hold Mass. The centre had newspapers available onsite and each resident had their own television.

Resident feedback was sought by the provider holding sessions in which residents were

consulted on matters related to their experience living in the service, such as food, laundry services, the staff and the activities on offer. Feedback raised in these sessions was recorded for all residents, as well as matters being reflected in the complaints log if necessary. The residents had regular access to an independent advocate.

Residents were offered choice at mealtimes and inspectors observed residents being facilitated to eat independently, for example with raised plate edges. Fabric clothing protectors were available at mealtimes, but were only used by some residents when requested or offered instead of all people using them.

As part of the inspection, the inspectors spent a period of time observing staff interactions with residents. The inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. All interactions were seen to be positive, respectful and resident-centred. Staff were observed to be engaging well with residents and positively supporting those with dementia. Interactions in general were friendly, and meaningful to the residents, their interests and personalities. Staff members were observed chatting to residents about the residents' families, the news, or the Galway hurling team. When residents were being assisted, such as being mobilised using a hoist, staff ensured to talk the resident through what was happening and make sure they were comfortable.

Residents in shared bedroom had appropriate privacy screening and staff were observed knocking before entering resident bedrooms. While residents who did not have en-suite facilities had an option of using a toilet or sink which was close to their bedroom, some residents were required to travel long distances to a shower which was suitable for their mobility needs. This distance included passing communal areas as well as other baths and showers which were not suitable for use by residents with high mobility needs. Inspectors were advised on the day that plumbers were being consulted regarding converting some rooms with unused baths into accessible shower areas. An action relating to this is included at the end of the report.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The procedure for making a complaint was clearly posted in a prominent position on the premises, and staff members spoken with were aware of how to receive and record

complaints made and refer them to the appropriate managers. The policy had nominated a designated person to manage complaints made in the centre. Records showed that complaints were recorded and responded to in a timely manner.

Complaints were recorded in a ledger, identifying the subject of the complaint, and the response by the management to same. The satisfaction status of the complainant was noted in the outcome. Verbal complaints were recorded with the same level of detail as those submitted in writing. The complaints log also included relevant feedback raised at resident meetings.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day of inspection there were 28 residents living in the centre. There were three residents assessed with maximum dependency level, 11 high dependency, seven medium and seven residents of low dependency level. One resident was in hospital at the time of inspection. Inspectors were satisfied that the skill mix and the staffing level was appropriate to the assessed needs of the residents and the size and layout of the centre.

Inspectors reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included the activities coordinator, catering, housekeeping, administration and general operative staff. All staff had completed training in safeguarding of vulnerable adults, fire safety, manual handling, dementia care and responding to responsive behaviour. Staff have access to a suite of online training courses designed to meet the needs of the residents.

The inspectors reviewed a sample of staff files that were found to contain all documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up to date for all staff nurses. Details of induction, orientation and training certificates were noted on staff files.

There were no volunteers working in the centre.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The premises consisted of a single-storey building of single and twin bedrooms. There were multiple communal living rooms including smaller sitting rooms for residents to relax, away from the busy areas or receive visitors in private. There was a dining room suitable in size and layout for the number and needs of residents on the day of inspection, and this was serviced by an adjacent kitchen with a service hatch. The centre was clean and well ventilated, and in a good state of maintenance on the day of inspection. The design and décor of the building was homely and comfortable, an aspect on which residents commented positively on during the inspection.

The centre corridors were free from obstruction or trip hazards, were lined with handrails, and residents were observed navigating the centre independently or with assistance throughout the day without difficulty. The centre was simple in its layout and pictorial signage clearly identified bathrooms which aided resident navigation. Inspectors discussed with staff if some residents would benefit from signage on their bedroom doors besides the room number, to assure people they were at the correct bedroom.

There was designated equipment storage and no instances of inappropriate storage of equipment such as hoists or wheelchairs were observed during the inspection. The premises included an easily accessible central garden and yard which was set up for residents to safely sit outside, and included flower beds to which some residents tended.

Bedrooms were suitable in size and layout for residents and had been furnished and decorated based on their individual preferences. There was sufficient space for their belongings and clothing, and twin rooms had appropriate privacy screening which did not limit the use of the room by one person if their neighbour had their curtain closed.

All areas were equipped with emergency call bells, however the call bell panel was configured in such a way that staff could not easily identify which room in one half of the centre had triggered the call bell, without checking a second panel elsewhere in the building. This resulted in instances of staff walking back and forth through corridors in order to identify which room they were required to attend, resulting in delays in the timely answering of bells.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Catherine Sweeney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Nightingale Nursing Home
Centre ID:	OSV-0000371
Date of inspection:	17/07/2019
Date of response:	28/08/2019

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Review was required to ensure that all residents without en-suite facilities had accessible showering facilities suitable for their mobility requirements which were close to their bedrooms.

1. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

undertake personal activities in private.

Please state the actions you have taken or are planning to take:

We are currently in consultation with a number of contractors with a view to reconfiguring bathroom facilities. It is our intention to introduce another assisted bath and an assisted shower in the area observed by inspectors. We hope to have this completed by October 31st 2019.

Proposed Timescale: 31/10/2019

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Review was required of the emergency call bell system to avoid delay in staff identifying the location of the triggered bell.

2. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

Our current call bell system is fully functional and our audits indicate that all calls are answered in under 1 minute. Two staff members are allocated to each area thus both panels are quickly attended and promptly answered. However, the system is under review and we are in consultation with 3 providers regarding the installation of a new system. We hope to be in a position to upgrade the system by 31st December 2019

Proposed Timescale: 31/12/2019