



**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:	Little Flower Nursing Home
Name of provider:	Bridgelynn Limited
Address of centre:	Labane, Ardrahan, Galway
Type of inspection:	Unannounced
Date of inspection:	21 February 2024
Centre ID:	OSV-0000355
Fieldwork ID:	MON-0042751

About the designated centre

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

Little Flower nursing home is two storey in design and purpose built. It can accommodate up to 50 residents. It is located in a rural area, close to the village of Labane and many local amenities. Little Flower accommodates male and female residents over the age of 18 years for short-term and long-term care. It provides 24-hour nursing care and caters predominantly for older persons who require general nursing care, respite and convalescent care. It also provides care for persons with dementia and Alzheimer's disease, mild to moderate brain injuries, mild intellectual disabilities, post orthopaedic surgery and post operative care. Bedroom accommodation is provided mainly on the ground floor in 14 single and 16 twin bedrooms. There are two single and one twin bedroom located on the first floor, a chair lift is provided between floors. There is a variety of communal day spaces provided including a dining room, day room, conservatory, oratory and large seated reception area. Residents also have access to a secure enclosed garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 February 2024	10:00hrs to 18:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Feedback from residents was that this was a very good place to live, and that they were well cared for by staff who were attentive to their needs. Staff were observed to deliver care and support to residents which was person-centred and in line with their assessed needs. There was a friendly, relaxed atmosphere throughout the centre.

This unannounced inspection took place over one day. There were 50 residents in the centre and no vacancies on the day of the inspection.

Little Flower Nursing Home was located near the village of Ardrahan, County Galway. The centre was a purpose-built facility providing accommodation for 50 residents which comprised of single and twin bedrooms, a number of which were ensuite. On arrival to the centre, the inspector was met by the person in charge (who represented the registered provider) who facilitated the inspection. Following an introductory meeting, the inspector completed a tour of the building with the person in charge.

The building was found to be well laid out to meet the needs of residents, and to encourage and aid independence. There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. Residents using mobility aides were able to move freely and safely through the centre. There was a sufficient choice of suitable communal areas provided for residents to use depending on their preference, including a dayroom, dining room, conservatory and lobby. The day room was designed and furnished to resemble a domestic setting and included an open fire. A number of residents told the inspector they loved this feature. There was an oratory available which provided residents with a quiet space. A visitors' rooms was also available, providing residents with a private space to meet with friends and family members. Residents' bedroom areas were located on both floors of the building, which were serviced by an accessible stairlift. Residents' bedrooms provided residents with sufficient space to mobilise comfortably, and with adequate space to store personal belongings. A number of residents had personalised their rooms with ornaments and pictures. Overall, the centre was styled and furnished to provide a homely and accessible living environment for residents.

An accessible garden with a variety of suitable seating areas and shelter provided a pleasant outdoor space for residents. Residents were actively involved in managing the various planters for flowers and vegetables in the garden.

The centre was clean and tidy throughout, and generally well maintained. The person in charge informed the inspector that there was an ongoing programme of maintenance and redecoration in place. All areas of the centre were bright, adequately heated and well ventilated. There were appropriate housekeeping and

laundry facilities in the centre. Call bells were available in all areas, and the inspector observed that these were responded to in a timely manner.

As the day progressed, the majority of residents were up and about, and were observed in the various communal areas. Residents sat together in the day room watching TV, reading, chatting to one another and staff. Other residents were observed enjoying quiet time in the conservatory and the lobby. Residents mobilised independently around the centre. A number of residents were in their own rooms, preferring to spend time on their own, reading or listening to the radio. It was evident to the inspector, that residents were facilitated and supported to exercise choice in their daily routines. While staff were seen to be busy attending to residents throughout the day, the inspector observed that staff were kind, patient, and attentive to their needs. The inspector observed that personal care was attended to a good standard. Staff supervised communal areas and those residents who chose to remain in their bedrooms were supported by staff. Staff who spoke with the inspector were knowledgeable about residents and their individual needs. There was a pleasant atmosphere throughout the centre and friendly, and familiar chats could be heard between residents and staff.

The inspector chatted and interacted with the majority of residents during the course of the inspection. Those residents who were unable to communicate verbally were observed by the inspector to be comfortable and content. Residents' feedback provided an insight of their lived experience in the centre. When asked what it was like to live in the centre, one resident said 'I'm better off here than anywhere else, I have company and people to talk to', and another resident said 'I'm very happy with everything'. Residents stated that staff were kind and always provided them with assistance when it was needed. One resident said 'the staff are the best, they never let me down', while another resident said 'everyone is helpful and friendly'. Residents also told the inspector that they felt safe in the centre, and that they could freely raise any concerns with staff.

Residents stated that they had plenty to do every day and that they had a choice in how they spent their day. Residents had access to television, radio, newspapers and books. There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities. The inspector observed a number of group activities taking place including a quiz on the day, which was well attended by residents. The inspector observed that staff ensured that all residents were facilitated to be as actively involved as possible in activities. There were arrangements in place to facilitate residents to engage with the local community. There was a gardening project planned with one local community group in the coming weeks. A small number of residents regularly attended external local community activities. Other residents regularly went out on trips to Galway.

Visitors were observed coming and going throughout the day. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

The dining experience was observed to be a relaxed occasion, and the inspector saw that the food was well presented and appetising. Residents had a choice of meals

from a menu that was updated daily. Staff provided assistance to residents, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of the food provided.

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability 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 an unannounced monitoring inspection, conducted 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 found good compliance across all regulations reviewed.

The registered provider of this designated centre was Bridgelynn Limited. The company had one director who was also the person in charge. There was a clearly defined management structure with identified lines of authority and accountability. The person in charge was actively involved in the management of the service and demonstrated a very good understanding of their role and responsibility. They were a visible presence in the centre and provided effective leadership to all staff. They were supported in the role by an assistant director of nursing and a full complement of staff including nursing and care staff, activity, housekeeping, catering and maintenance staff. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge.

The inspector found that the quality and safety of the services provided in this centre were of a good standard. There were good governance arrangements in place to ensure positive, person-centred outcomes for residents in an inclusive environment. The centre was well resourced to ensure that the rights, health and wellbeing of residents were supported. The provider had systems of monitoring and oversight of the service in place. Clinical and environmental audits were completed by the management team. The audits included reviews of systems such as care planning, falls management, infection control, manual handling and, privacy and dignity. Where areas for improvement were identified, action plans were developed and completed. The person in charge carried out an annual review of the quality and safety of care in 2023 which included a quality improvement plan for 2024.

A review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct

care to residents consisted of at least one registered nurse on duty at all times, and a team of health care assistants. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and respectful way with residents. Staff demonstrated an understanding of their roles and responsibilities. Teamwork was evident throughout the day.

There were effective channels of communication between management and staff in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of topics were discussed such as staffing, training, infection control, resident issues, and other relevant management issues.

There were policies and procedures available to guide and support staff in the safe delivery of care.

Staff had access to education and training, appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

The provider had systems in place to ensure the records set out in the regulations were available, safe and accessible and maintained in line with the requirements of the regulations.

The provider had contracts for the provision of services in place for residents, which detailed the terms on which they resided in the centre.

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

A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had the overall clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role. This included infection prevention and control, manual handling, safeguarding, and fire safety.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents and, loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents were issued with a contract for the provision of services. The contracts outlined the services to be provided, accommodation type, and the fees, if any, to be charged for such services.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints log found that complaints were managed in line with the centre's policy and in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

From what the inspector observed, there was evidence that the standard of care provided to residents living in this centre was person-centred and of a very good quality. Residents were satisfied with the care and support they received and spoke highly of the staff who cared for them. The inspector observed that residents' rights and choices were upheld, and that their independence was promoted. Staff were respectful and courteous with residents.

Nursing staff were knowledgeable regarding the care needs of residents. Each resident had an assessment of their health and social care needs carried out prior to admission to ensure the service had the ability and facilities to support them. On admission to the centre, residents' needs were further assessed using validated clinical assessment tools. The outcomes were used to develop care plans which addressed their individual abilities and assessed needs. Information gathered from the residents, other health care professionals and, where appropriate, their relatives was also used to ensure care plans were individualised and person-centred. The inspector reviewed a sample of eight residents' files and found that care plans were sufficiently detailed to guide care. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements.

Residents were provided with access to appropriate medical care. Residents were reviewed by their GP, as required or requested. Referral systems were in place to ensure residents had timely access to allied health and social care professionals for additional professional expertise.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, were only initiated after an appropriate risk assessment and in consultation with the multidisciplinary team and resident concerned.

Residents' nutritional care needs were appropriately monitored. Residents' needs in relation to their nutrition and hydration were documented and known to staff. Appropriate referral pathways were established to ensure residents identified as being at risk of malnutrition were referred for further assessment by an appropriate health and social care professional.

Residents' rights were respected and upheld. There was a schedule of activities in place which was facilitated by an activities co-ordinator and care staff. It was evident that residents were supported by staff to spend the day as they wished. Residents had access to an independent advocacy service. Residents had the opportunity to meet together and to consult with management and staff on how the centre was organised as evidenced by the minutes of resident meetings.

Residents were provided with access to information that was in a format appropriate to their communication needs.

The inspector found that when a resident was admitted to hospital, all relevant information was provided to the receiving hospital and that relevant information was obtained from the hospital when the resident returned to the centre.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Staff with whom the inspector spoke with were knowledgeable about what to do in the event of a fire. Fire drills were completed that included night time simulated drills to reflect night time conditions. Personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available and serviced as required.

Regulation 10: Communication difficulties

There were provisions in place to ensure that residents with communication difficulties were supported to communicate freely.

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found that residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet.

Residents were monitored for weight loss and were provided with access dietetic services when required.

There were sufficient numbers of staff to assist residents at mealtimes.

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 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Each residents had a risk assessment completed prior to any use of restrictive practices. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

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

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant