



**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:	11 May 2023
Centre ID:	OSV-0000371
Fieldwork ID:	MON-0039176

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:	26
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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
Thursday 11 May 2023	10:15hrs to 18:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

Feedback from residents was that this was a very good place to live, and that they were very well cared for by staff who were kind and attentive to their needs. On the day of inspection, the inspector found that residents living in this centre were provided with a good standard of care, and were supported to enjoy a good quality of life. The atmosphere was calm and relaxed throughout the centre.

This unannounced risk inspection took place over one day. There were 26 residents accommodated in the centre on the day of the inspection, and five vacancies.

Following an introductory meeting, the inspector completed a tour of the building with a clinical nurse manager. Nightingale Nursing Home was a single-storey facility located in the village of Ahascragh, County Galway. The centre provided accommodation was provided for 31 residents. Residents had access to bright communal spaces including a sitting room, a dining room, and two lounges. Bedroom accommodation provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. The inspector observed that bedrooms were bright and tastefully decorated. A number of residents had personalised their rooms with lots of items of personal significance. There was a visitors' room available, providing residents with a comfortable space to meet with friends and family members in private.

The building was found to be well laid out to meet the needs of residents, and to encourage and aid independence. The centre was bright, warm, and well-ventilated throughout. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. Call-bells were available throughout the centre, and the inspector observed that these were responded to in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was very clean, tidy, and well maintained on the day of the inspection. The décor was modern throughout, and all areas were appropriately furnished to create a homely environment for residents.

There was safe, unrestricted access to outdoor spaces for residents to use. These included landscaped gardens and an enclosed outdoor courtyard area with a variety of suitable seating areas and raised beds. The inspector was informed that there were a number of gardening projects, chosen by residents, planned for the coming weeks. The inspector observed a number of residents enjoying the outdoors throughout the day of the inspection.

There was relaxed, happy atmosphere in the centre throughout the day. The majority of residents were up and about, and were observed in the various communal areas of the centre. Some residents were relaxing in the lounges and the sitting room, while other residents mobilised freely around the building. It was evident that residents' choices and preferences in their daily routines were

respected. Throughout the day, residents were observed to be socially engaged with each other and staff, watching television, reading, and participating in activities. Other residents were observed sitting quietly, relaxing and watching the comings and goings in the centre. A small number of residents were observed enjoying quiet time in their bedrooms. While staff were seen to be busy assisting residents with their care needs, the inspector observed that care and support was delivered in a respectful and unhurried manner. The inspector observed that personal care needs were met to a high standard.

Throughout the day, residents were happy to chat with the inspector, and to provide an insight of their lived experience in the centre. The inspector spoke in detail with a total of 15 residents. One resident said 'life is great', and another resident told the inspector that they were 'very well taken care of'. Another said 'there is a lovely crowd here'. Residents told the inspector that there was a good choice of things to do each day. A small number of residents told the inspector that they preferred to spend their day in their bedrooms watching television and reading. Residents were satisfied with their surroundings, including their bedrooms and communal spaces. Many residents told the inspector that they were very happy with their bedrooms, especially the decor and the views provided. Residents said that they felt safe, and that they could freely speak with staff if they had any concerns or worries.

There were a number of residents who were unable to speak with the inspector and they were observed to be content and comfortable in their surroundings.

There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities throughout the day. The inspector observed group and one-to-one activities taking place during the day of the inspection. This included an interactive baking session in the afternoon which was well attended by residents. The inspector observed that staff ensured that all residents were facilitated to be actively involved in activities. A number of residents described various events that had taken place in the centre recently which they had enjoyed, including an international day, and a coronation party.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

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 food. The dining experience was observed to be a social, relaxed occasion, and the inspector saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently.

Throughout the day, the inspector observed staff engaging in kind and meaningful interactions with residents. Staff were knowledgeable about residents and their individual needs.

In summary, residents were observed receiving a very good service from 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 governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection, conducted by an inspector of social services, to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the action taken by the provider to address previously identified areas of non-compliance found on the last inspection in May 2022.

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to achieve positive outcomes for residents who lived in the centre. The inspector found that this was a well-managed centre, and that the quality and safety of the services provided were of a good standard. The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life. The provider had addressed the actions of the compliance plan following the last inspection.

Maureen Healy was the registered provider of Nightingale Nursing Home. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The management team consisted of the registered provider and a person in charge supported by a clinical nurse manager. There was a full complement of staff including nursing and care staff, activity, housekeeping, catering, and maintenance staff. On the day of the inspection, the person in charge was not available and the clinical nurse manager (CNM), who was deputising in their absence, facilitated the inspection.

The designated centre had sufficient resources to ensure residents received high quality care and support. A review of the staffing rosters found that housekeeping staff hours had increased since the previous inspection. On the day of the inspection, 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 healthcare 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.

The provider had management systems in place to ensure the quality of the service

was effectively monitored. A range of clinical and environmental audits had been completed by the person in charge and the clinical nurse manager. These audits reviewed practices such as, infection prevention and control, use of antibiotics, wound management, medication management, complaints, and health and safety. The person in charge had completed an annual review of the quality and safety of the service for 2022. There was a programme for continuous improvement identified for 2023.

There was evidence that there were effective communication systems in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of topics were discussed such as, nursing standards, training, staffing, infection control, audit reviews 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.

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

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

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

The inspector found that staff had access to training appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

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

Judgment: Compliant

Regulation 21: Records

The inspector found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and that they were available for inspection on the day of the inspection.

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

The provider ensured each resident was provided with a contract for the provision of services, in line with 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

The inspector observed that residents living in this centre received a high standard of care and support which ensured that they were safe. There was a person-centred approach to care, and residents' wellbeing and independence were promoted.

Nursing staff were knowledgeable regarding the care needs of the residents. Each resident had a comprehensive assessment of their health and social care needs carried out prior to admission to ensure the centre could provide them with the appropriate level of care and support. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. The inspector reviewed a sample of five residents' files and found that care plans were sufficiently detailed to guide care, and that the information was holistic and person-centred. 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. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents were supported to retain their own general practitioner (GP) if they wished. 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 provider promoted a restraint-free environment in the centre, in line with local and national policy.

Residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre including activities, safety issues, COVID-19 and GP access. Residents' satisfaction surveys were carried out and feedback was acted upon. Residents had access to an independent advocacy service.

Residents' nutritional care needs were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the 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.

The management of risk in the centre was guided by the risk management policy and associated policies that addressed specific issues of risk to residents' safety and wellbeing. There was a risk register in place which identified risks in the centre, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents were in place.

Infection Prevention and Control (IPC) measures were in place. The provider had taken action to address issues found on the previous inspection. The provider had taken action to establish a new housekeeping room, and had improved storage

arrangements in the centre. In addition, the inspector was informed that a new clinical hand-wash basin was due to be installed in the coming weeks.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal emergency evacuation plans were in place for each resident. There were adequate means of escape, and all escape routes were unobstructed. Emergency lighting was also in place. Fire fighting equipment was available, and serviced as required. Staff were knowledgeable about what to do in the event of a fire.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 12: Personal possessions

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
A centre-specific risk management policy was in place, in line with the requirements of Regulation 26.
Judgment: Compliant
Regulation 27: Infection control
The centre had procedures in place for the prevention and control of healthcare-associated infections. Staff had access to infection prevention and control training, and procedures were in place for cleaning and decontamination of the environment and equipment used by residents. There was adequate personal protective equipment and hand sanitisers available throughout the centre.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.
Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their GP, and the person in charge confirmed that GPs were visiting the centre, as required.

Residents also had access to a range of allied healthcare professionals such as, physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
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 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant