



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:	01 May 2024
Centre ID:	OSV-0000371
Fieldwork ID:	MON-0042753

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 31 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

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 1 May 2024	10:00hrs to 17:00hrs	Leanne Crowe	Lead
Wednesday 1 May 2024	10:00hrs to 17:00hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

From the inspectors' observations and from speaking with residents and visitors, it was evident that residents were supported to enjoy a good quality of life and received a high standard of person-centred care from staff. Residents spoke positively about their day-to-day life in the centre.

On arrival to the centre, the inspectors were greeted by a member of the nursing management team. Following an introductory meeting with the registered provider and person in charge, the inspectors completed a walk around the centre. Staff were supporting residents as they got ready for the day or made their way to the centre's communal areas. Inspectors observed these staff members attending to residents promptly and in a kind and respectful manner.

Nightingale Nursing Home is a single-storey building which can accommodate up to 31 residents in 12 twin bedrooms and five single bedrooms, two of which have ensuite facilities. On the day of the inspection, 27 residents were living in the centre. Communal areas for residents are spread throughout the building and include a large sitting room, two smaller lounges, a dining room and secure courtyard and garden areas. Residents were seen relaxing or engaging with one another in these areas throughout the day. The centre was warm, bright and clean on the day of the inspection. The provider had an ongoing programme of maintenance in place, the efforts of which were evident. For example, many areas of the centre had been recently painted and flooring and furniture had been replaced in some bedrooms or corridors. Some residents who spoke with inspectors emphasised the cleanliness of the centre, with one resident describing it as "spick and span".

Residents were complimentary about their lived experience in the centre, saying "life is good here, it's good for relaxation" and "it's great here, everything is done for you". They spoke positively about the staff that supported them, confirming that staff knew their routines, interests and preferences. One resident said that "staff are very helpful and obliging, some go above and beyond to help", while another told inspectors that "staff treat me very well, they are very good". Throughout the day, residents and staff could be heard chatting to each other in a cheerful and familiar manner. Staff who spoke with the inspectors were knowledgeable about residents and their individual needs. Residents who were unable to speak with the inspectors were observed to be content and comfortable in their surroundings throughout the day of the inspection.

Residents' bedrooms were spacious and well laid out. They were decorated in bright colours and complementary soft furnishings. It was clear that residents were encouraged to personalise their bedrooms. For example, photos of friends and family, flowers and other ornaments were seen in many residents' rooms. Furniture, such as armchairs and end tables, was clean and well-maintained. There was sufficient storage space for residents' belongings, including lockable storage in each bedroom. Residents who spoke with inspectors were content with their bedrooms

and felt that they were comfortable and met their needs, with one resident saying "my room is the finest, the same as being at home".

Residents were offered a variety of food, snacks and refreshments on a daily basis. The person in charge informed inspectors that meals were freshly prepared in the centre's kitchen, with a number of choices available for breakfast, dinner and tea. Residents spoke positively about the quality and variety of food served to them, saying "you wouldn't get it in the best hotel". The inspectors observed a mealtime during the inspection, with the majority of residents eating their meal in the centre's dining room. This was seen to be a social occasion, with residents chatting with one another as they enjoyed their meals. Inspectors found that food was well presented and served promptly to residents. Some residents chose to eat in their bedrooms, which was facilitated by staff. Residents who required assistance during their meals were supported in a respectful and unhurried manner.

Activities were facilitated by an activity co-ordinator as well as a number of external service providers. These included a physiotherapist and musicians. A noticeboard at reception indicated that the planned activities for the day of the inspection included the rosary, bingo, exercise and a quiz. The schedule indicated that the co-ordinator also spent time with residents on a one-to-one basis, to meet the needs and preferences of those that didn't attend the larger group activities. While the activity co-ordinator wasn't on duty on the day of the inspection, staff were observed incorporating games and social engagement into their duties throughout the day. Residents told inspectors that they could choose how they spent their days, with one resident emphasising their enjoyment of the quizzes, bingo and chatting to other residents.

Visiting was unrestricted in the centre, with one resident telling the inspectors that "my friends and family can visit whenever they want". A number of visitors spoke with the inspectors and described positive interactions with the management and staff. They felt that their loved ones were well cared for and were satisfied with the visiting arrangements in place.

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

Overall, the inspectors found that Nightingale Nursing Home was a well-managed centre where residents received good quality care. The provider had a history of good regulatory compliance and inspectors found that the provider had sustained a good level of compliance since the last inspection. While this inspection found a high level of compliance across most of the regulations reviewed, inspectors found that

some incidents had not been notified to the Office of the Chief Inspector, as required by the regulations.

This was a one day unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). Inspectors also followed up on solicited and unsolicited information received by the Chief Inspector since the last inspection.

There was a clearly defined organisational structure in place, with identified lines of authority and accountability. Maureen Healy was the registered provider of Nightingale Nursing Home, who works in the centre on a full-time basis. The centre's nursing management team included the person in charge, an assistant director of nursing (ADON) and a clinical nurse manager (CNM). They were supported by a team of nurses, healthcare assistants, housekeeping, catering, maintenance and activity staff.

Overall, the management systems were well-established and effectively monitored the quality of care provided to residents. Meeting records demonstrated that regular meetings took place between the registered provider and person in charge, as well as the nursing management team and wider staff team. Meeting agendas reflected a review of the clinical and environmental aspects of the service provided and any actions were monitored and addressed promptly.

There was evidence of a programme of audits that assessed compliance in areas such as infection prevention and control, health and safety, medication management, residents' activities and the physical environment. Areas of improvement were identified and were supported by a quality improvement plan. An annual review of the quality and safety of care delivered to residents in 2023 was almost completed at the time of the inspection. This contained an overview of key areas of the service and included quality improvements that were planned for 2024. Surveys had been issued to residents and visitors and sought feedback on the quality of various areas, such as the care provided, staffing, food served and the physical environments.

The centre was found to have adequate staffing levels, on the day of the inspection, to meet the health and social care needs of the residents.

A review of the staff training records found that there was a training schedule in place to ensure that all staff received training that was appropriate to their role. Staff had up-to-date training in mandatory areas such as fire safety and the prevention, detection and response to abuse. The provider also facilitated training to better meet residents' assessed needs, such as the management of responsive behaviours. There were systems in place to supervise staff, including competency assessments for incoming staff and annual appraisals.

The inspectors reviewed a sample of staff files and observed that Garda vetting was obtained for staff before they began employment in the centre. The files contained all of the information as required by Schedule 2 of the regulations.

The centre's complaints management policy and procedure had been updated to reflect the amendments to the regulations. A record of complaints was maintained, which demonstrated that complaints were managed effectively.

Regulation 15: Staffing

On the day of the inspection, the number and skill mix of staff was sufficient to meet the assessed needs of residents. A nurse was on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were supervised by the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The management team were aware of their individual lines of authority and accountability. There were sufficient resources available to ensure the delivery of care in accordance with the centre's statement of purpose. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

The process for the management of complaints was effective and in line with regulatory requirements. Records of complaints included details of the issues raised in the complaint, the investigation and outcome, any follow up actions and the complainant's satisfaction with how the complaint was managed.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 in the regulations were available for review on the day and had been reviewed within the last three years.

Judgment: Compliant

Quality and safety

In general, inspectors found that residents had a good quality of life in the centre with their health care and well being needs being met by the provider. Nursing and care staff were knowledgeable about residents' care needs and this was reflected in the nursing documentation.

The inspectors reviewed a sample of five residents' care records. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission to the centre, a range of validated clinical assessment tools were used to identify potential risks to residents such as poor mobility, impaired skin integrity and risk of malnutrition. The outcomes of assessments were used to develop a care plan for each resident which addressed their individual abilities and assessed needs. 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. The care plans reviewed were person-centred, holistic and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other allied health and social care professionals, in line with their assessed need. Daily progress notes demonstrated good monitoring of care needs, and that recommendations made by professionals were implemented.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the use of restrictive practices in the centre.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

Residents who were assessed as being at risk of malnutrition 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 assessed as being at risk of malnutrition were referred for further assessment by an appropriate health professional.

All areas of the centre were observed to be very clean and tidy and the premises was well-maintained on the day of the inspection. There was a sufficient number of toilets and bathroom facilities available to residents. Call-bells were available in all areas and answered in a timely manner.

There was a programme of activities in place for residents. A number of methods were available to residents to provide feedback in relation to the operation of the centre. Residents' meetings were held on a regular basis and records of these demonstrated that feedback was sought on areas such as the quality of food, activities, staffing and the physical environment. Surveys were distributed to residents and visitors and a sample of these indicated that they were satisfied with the service provided by the registered provider. Residents privacy was respected, for example, staff were observed knocking on door before entering bedrooms. Additionally, the layout of twin bedrooms ensured the privacy of each resident that was accommodated in these rooms. Residents had access to advocacy services as needed.

All staff had received training in relation to the detection and prevention of abuse. Staff who spoke with the inspectors were knowledgeable regarding their responsibilities in reporting any safeguarding concerns. There were clear processes in place for the safe storage and management of residents' personal monies.

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

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors 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 13: End of life
Arrangements were in place to provide residents with appropriate care, and comfort, during their end-of-life. Staff consulted residents and, where appropriate, their relatives to gather information with regard to residents needs and wishes to support the provision of person-centred, compassionate, end of life care.
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. There was choice of meals available to residents from a varied menu that was on display and updated daily. The menu provided a range of choices to all residents including those on a modified diet. There were sufficient numbers of staff to assist residents at mealtimes.
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 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

A restraint-free environment was promoted in the centre, in line with local and national policy. Each resident 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 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had up-to-date training in relation to the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and wishes were promoted by the registered provider. Residents were supported to vote, to attend religious services and to access independent advocacy services if needed. Residents' choices, personal routines and privacy were respected by staff.

There were facilities for recreation and opportunities for residents to participate in activities in accordance with their interest and capabilities.

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 23: Governance and management	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 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant