

**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 96 88095
Email address:	nightingalenursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maureen Healy
Provider Nominee:	Maureen Healy
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	32
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 July 2014 10:15	01 July 2014 18:10
02 July 2014 09:30	02 July 2014 18:20

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The purpose of this inspection was to monitor the centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and to inform a registration renewal decision.

As part of the inspection, the inspector met with residents, staff, the clinical nurse manager, the person in charge and the provider. The inspector observed practices and reviewed documentation such as policies, care plans, medical records, audits, training records and staff files. In addition, the inspector received and reviewed resident and relative questionnaires.

Throughout the inspection, the person in charge demonstrated competency in

relation to her role and a commitment to providing a good quality service to residents. In addition, both the person in charge and the provider demonstrated knowledge of their requirements under the Regulations.

The feedback from families was one of satisfaction with and praise for the care provided and residents echoed these sentiments. Residents spoken with said they felt safe, were listened to and enjoyed the activities provided in the centre. In addition, residents were complimentary of the food and of the staff working in the centre.

There was evidence of good practice in all areas and a high level of overall compliance in the centre. The inspector found that some improvements were required in relation to some policies and documentation pertaining to medication management.

The findings are discussed in the report and actions required are included in the Action Plan at the end of this report.

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

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector viewed the centre's Statement of Purpose and found it required minor adjustment. The number of beds recorded differed in two places in the statement. The provider stated this was an error and the centre was a 33 bedded centre. The provider amended the Statement of Purpose and the inspector found it met the requirements of the Regulations.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found the governance structures in place provided clear lines of authority and accountability in the centre. Staff spoken with were clear in relation to who they would speak with and report to in relation to the day to day management of the centre, allegations of abuse, complaints received and resident requirements. There were on call arrangements in place in the evenings and at weekends which were provided by the person in charge or the clinical nurse manager.

The inspector met with the provider, the person in charge and the clinical nurse manager on both days of the inspection. The provider worked in the centre Monday to Friday and was involved in the day to day running of the centre. She was a registered nurse and had been the provider of the centre since it opened in 1996. She was knowledgeable of her requirements under the Regulations. She was observed interacting with residents and was respectful of residents and knowledgeable of their needs, interests and families.

There was a system in place to review and monitor the quality and safety of care and quality of life of residents in the centre. A wide range of audits were carried out on a regular basis and there was evidence that improvements had been carried out as a result of the learning from the audits. For example, the use of bedrails in the centre had decreased between September 2013 and May 2014. In addition, an overall analysis of the audits carried out in the centre in 2013 identified issues which the provider and person in charge had addressed. Furthermore, audits had been introduced in June 2014 on areas which had not been audited previously, for example privacy and dignity and behaviours that challenge.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector noted the centre's Statement of Purpose was being utilised as a guide for residents. The Statement of Purpose clearly identified a summary of the services and facilities in the centre, the complaints procedure and the arrangements for visits. It also included details of the Chief Inspector, a copy of the latest inspection report and a copy of a contract for the provision of services to residents.

The inspector viewed a sample of residents' contracts for the provision of services and found that the contracts clearly outlined the support, care and welfare to be provided to residents along with the services provided and the fees to be charged. The contracts clearly identified the items included in the weekly fee.

Newsletters were provided to residents on a regular basis. The inspector viewed a sample of these and found the newsletters outlined information pertaining to events held in the centre and residents contributions to the centre. For example, one newsletter

viewed outlined residents contributions to the upkeep of the centre's garden. In addition, a notice board containing photographs of staff working in the centre along with their names was placed in a prominent position in the foyer.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector observed the person in charge throughout the inspection and conducted a fit person interview on the second day of the inspection. The person in charge was a registered nurse and had experience in care of the older person as required in the Regulations. She was supported in her role by the provider and the clinical nurse manager. She had maintained her continuous professional development and had undertaken a Higher Diploma in Gerontology Nursing, a Masters in Specialist Nursing and a course in bereavement support. The person in charge demonstrated knowledge of her requirements under the Regulations. She was observed interacting with residents who knew her by name and demonstrated knowledge of residents' needs and wishes.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre was maintaining records so as to ensure completeness, accuracy and ease of retrieval. All records required were made available to the inspector and all records viewed were kept up to date and were amended and reviewed as necessary. Staff demonstrated knowledge of the centre's policies and procedures.

Improvement was required to the staff rota as abbreviations were used and there was no indication as to the meaning of the abbreviations. In addition, staff files required improvement as not all files viewed contained a full employment history.

Judgment:

Non Compliant - Minor

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of her responsibility to notify the Authority in the event the person in charge would be absent for a period of 28 days or more. The clinical nurse manager was identified as the person who would undertake the person in charge role in the absence of the person in charge. She worked Monday to Friday and had undertaken some management duties in the centre. The inspector met with the clinical nurse manager and observed her practice over the two days of the inspection. The clinical nurse manager was knowledgeable of her requirements under the Regulations should she be fulfilling the person in charge role.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy and procedures in place for the prevention, detection and response to abuse and staff and management were knowledgeable of their responsibilities in relation to the prevention, detection and response to abuse.

However, some improvement was required to the policy as it did not outline the indicators of abuse or the timelines in relation to the investigation of allegations of abuse. Staff spoken with were clear in relation to their responsibility to report any suspicions or allegations of abuse. The person in charge and the provider were knowledgeable of the steps to be taken to ensure residents were protected. Residents spoken with said they felt safe and that they would speak with the person in charge, the provider or a staff member if they had any concerns.

There were systems in place to safeguard residents' money and valuables.

There was a policy in place for responding to behaviour that is challenging. The policy clearly outlined the reason a resident may engage in behaviour that is challenging and outlined the model and measures used by the centre to respond to behaviour that is challenging.

The procedure in place for the use of restraint clearly outlined the identification of physical, chemical and psychological restraint. There was evidence that the centre was promoting a restraint free environment. For example, an audit viewed showed that the use of bed rails in the centre had decreased between September 2013 and May 2014.

Judgment:

Non Compliant - Minor

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place in relation to health and safety including an up to date safety statement and a comprehensive risk management policy which included all items required in the Regulations.

Although a range of risk assessments had been carried out, improvement was required as a risk in relation to the access to the kitchen had not been risk assessed.

All staff had received training in moving and handling and the inspector observed good moving and handling practices in the centre.

Audits had been carried out and measures to prevent accidents in the centre and on the grounds had been implemented where necessary.

The centre had a comprehensive emergency plan in place which clearly outlined the measures to be taken in the event of an emergency which included where residents were to be evacuated to and transport details in the event the centre had to be evacuated. The emergency plan also included the contact details of emergency services and service providers such as the electricity supply board (ESB), the phone provider, the local hospital and general practitioner (GP).

Although the fire safety policy and procedure was adequately detailed, improvement was required, as the procedure for the evacuation of residents was not displayed in a prominent position.

Suitable fire equipment was provided and there was evidence it was serviced on an annual basis. Documentation viewed showed the fire alarm was serviced on a quarterly basis. Staff had received training in using the fire prevention equipment and in evacuating the building in the event of a fire and this training was provided on an annual basis.

Each resident had a personal evacuation plan in place and a copy of these plans were stored with the fire register which was easily accessible in the event of an emergency.

While there was evidence that most staff had taken part in fire drills in the centre, some improvement was required as some staff working in the evening and at night had not taken part in a fire drill. In addition, there was no evidence that fire drills had been carried out to ensure the centre could be evacuated at night.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

There were written policies in relation to the ordering, prescribing, storing and administering of medicines to residents and processes in place for the handling of medication. The inspector viewed the arrangements for storing medication and found that medication was stored in a locked medication trolley which was stored in a clinical room. The clinical room temperature was recorded and the room was locked when not in use. Medication requiring refrigeration was stored in a locked refrigerator in the clinical room and the temperature was recorded on a daily basis. Medication requiring strict control measures was stored in a separate locked press and medication was counted at the change of each shift and was signed by two staff nurses.

The inspector viewed a sample of residents' prescription sheets and found some improvements were required to a small number of residents' prescription sheets. Some prescription sheets did not identify the route of the medication, the time of administration, the maximum daily dose of PRN (as required) medication or the general practitioners' (GP) signature where a medication was discontinued.

The administration of medication was viewed by the inspector. The nurse administered medication and signed the drug recording sheet contemporaneously.

Medication audits showed that measures had been implemented in response to audits carried out in the centre. For example, a recommendation to record the temperature of the clinical room on a daily basis had been commenced following an audit.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector viewed the records of accidents and incidents in the centre and found that the centre was maintaining a record of all incidents in the centre which included the staff response to the incident and any further information where necessary. Incidents which required notification to the Authority had been notified as required.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

There was evidence that residents had access to allied health care as required and allied health care such as chiropody, physiotherapy and speech and language therapy was provided in the centre free of charge. Residents were supported to remain with their general practitioner (GP) on admission to the centre or were supported to access a local GP if required.

The inspector viewed a sample of residents' care plans and saw that care plans were in place to ensure residents were supported in line with their assessed needs. Care plans included a daily report and a range of assessments relevant to the resident, for example wound assessments including photos of the wound, risk of falls assessment, skin integrity assessments detailing the resident's risk of developing pressure ulcers, nutritional risk assessments and continence assessments. The assessments informed the development of care plans where necessary. There was evidence these assessments and care plans had been completed and reviewed by nursing staff. However, some improvement was required to residents' involvement in the review of care plans as there was no evidence that residents had been consulted and involved in the reviews.

Residents had access to a wide range of activities such as bingo, crafts and baking. Some residents were involved in planting and growing vegetables for use in the kitchen and other residents were actively involved in the day to day running of the centre. Life storybooks were in the process of being completed with each resident. A sample of these were viewed by the inspector and they outlined the resident's life as a young person, significant relationships in his or her life, significant events in his or her life, social activities and interests, life events and a range of other areas. The clinical nurse manager told the inspector that information gathered in these storybooks would be used to ensure residents needs and wishes were being met in relation to their interests and activities.

Judgment:

Non Compliant - Minor

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The centre is a single storey building and was purpose built in 1996. It consists of two sitting rooms, one large day room, visitors' room, smoking room, dining room, kitchen, clinical room, laundry room, sluice rooms, storage, reception area and 18 bedrooms. There were five single rooms and 11 twin rooms. There were two multi occupancy rooms which did not comply with the Regulations in regard to the physical environment of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and Standard 25 of the National Quality Standards for Residential Care Settings for Older People 2009. The provider stated these would be converted to twin rooms by July 1 2015 and submitted a plan post the inspection.

The centre had been painted and redecorated in recent months and it was clean, bright, warm and well ventilated. All bedrooms were painted bright colours and residents had personalised their rooms with photographs and personal belongings. Photographs of residents and special occasions and celebrations in the centre adorned the walls in the corridor and sitting rooms. The inspector noted the provider had a plan in place to redecorate and update the centre on a month by month basis.

There were handrails on both sides of the corridor and the inspector observed residents utilising these and being encouraged by staff to move around the centre independently with staff support where necessary. Bathrooms contained grab rails beside toilets and in showers and there was a functioning call bell system in use in the centre.

There were two internal gardens for residents which were wheelchair accessible and residents told the inspector they enjoyed sitting outdoors. In addition, the external grounds at the front of the building were well maintained.

The inspector viewed the kitchen and found a new kitchen had been installed since the previous inspection. The kitchen had adequate cooking facilities and equipment and was clean and bright.

Records viewed showed that assistive equipment was serviced on a regular basis and was replaced where necessary.

Judgment:

Non Compliant - Moderate

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Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
While there were policies and procedures in place for the management of complaints some improvements were required. The person in charge was identified as the person responsible for investigating complaints received in the centre. However, there was no person named as responsible for investigating a complaint where it was received in relation to the person in charge. In addition, the policy did not contain timelines in relation to the management and investigation of complaints and there was no independent person identified who held a monitoring role to ensure complaints were responded to and records maintained.

The inspector viewed the log of complaints received in the centre and noted that complaints received were responded to promptly. The complaints received and the results of investigations and actions taken in response to complaints received were recorded. Responses to complaints received in the centre were appropriate and included increasing the supervision of staff and training for staff. In addition, audits had been carried out on complaints received in the centre.

Judgment:
Non Compliant - Moderate

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector viewed a sample of end of life care plans and found that improvement was required as some parts of the care plans were generic. For example, the care plans stated that family would be welcomed and encouraged if they so wished. However,

there was no identification of which family members the resident would like with them at their end of life. In addition, end of life care plans were not signed by the resident or their next of kin where appropriate.

A new Life Storybook which was being completed with each resident contained a comprehensive detail of the resident's wishes for end of life and the clinical nurse manager told the inspector that all residents would have this book completed with them over the next number of months.

The provider stated she keeps one single room empty to facilitate residents at end of life to move to this room if they wished. Family members were facilitated to stay overnight in the visitors room if required.

Mass was celebrated in the centre on a weekly basis and all residents' religious faiths and wishes at end of life were facilitated at the centre.

Judgment:

Non Compliant - Minor

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy and procedures in place to ensure residents were supported to experience good nutrition and hydration. A sample of resident care plans were viewed, which showed that residents had been referred for nutritional support where required and documentation was maintained of residents dietary intake where appropriate.

Mealtimes took place in the dining room or in residents' bedrooms if the resident preferred. The dining room was bright, warm and suitably decorated and the atmosphere was one of a social occasion. A choice of meals was available and extra portions were offered to residents.

The inspector sampled the food and found it was flavoursome, suitably heated and nicely presented. Residents spoken with stated they enjoyed the food. Assistance offered during mealtimes was discrete and respectful. The menu was a three week rolling menu and was based on residents' preferences. There was evidence residents had been consulted in relation to the meals on the menu.

Snacks and drinks were available throughout the day and residents' dietary requirements were catered for. The inspector met with the cook and noted that the cook had access to all relevant information about residents assessed diets and had a good knowledge of modified consistency diets. There were adequate supplies of fresh and frozen food and the cook had the autonomy to order food supplies when required.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted in relation to how the centre was run and that residents' feedback was sought which informed practice in the centre. However, improvement was required to the provision of an advocate in the centre.

The inspector viewed minutes of Resident Committee Meetings and noted that these meetings had commenced in July 2013 and took place on a monthly basis. Items discussed included changes to the decor of the centre and there was evidence that changes had been made in response to items raised by residents. For example, the flooring in the large day room had been changed as residents had stated that the carpet was too difficult to dance on.

Policies in place included an advocate policy and a policy on acknowledging the rights of residents. The advocacy service required improvement so that it was an independent service.

There was a cordless phone available for residents to make or receive phone calls in private and a room was available for residents to meet with visitors in private. The centre provided local and national newspapers for residents on a daily basis and staff were observed discussing news items with residents. Televisions and radios were available in sitting rooms and bedrooms.

A policy on privacy and dignity was in place and the inspector observed staff providing assistance and support to residents in a way which respected their dignity.

Judgment:

Non Compliant - Minor

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy on residents' personal property and possessions and residents had access to lockable storage in their bedrooms.

The inspector viewed the laundry facilities and the systems in place to ensure residents clothes were returned to them. The laundry facilities were adequate and laundry staff spoken with were knowledgeable of systems to ensure clothing was laundered and measures to be taken in the event a resident had an infectious disease.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector viewed the staff rota and observed staffing levels over the two days of the inspection. The provider stated that staffing levels and skill mix were reviewed regularly and adjusted in response to residents' needs.

Training records showed that staff had undertaken training in a variety of areas relevant to their roles including infection control, end of life care, nutrition, food safety, dementia care and challenging behaviour.

Records showed that an average of five staff meetings had taken place annually and that areas such as incident reporting, complaints management, maintaining the safety of residents, health and safety, continence care and hygiene had been addressed at these meetings.

A system for supervising and supporting care assistants had been introduced with the appointment of a senior care worker. In addition, plans were in place to recruit a staff nurse to allow the clinical nurse manager take on more management specific responsibilities.

Staff spoken with were knowledgeable of residents needs, the centre's policies and procedures and the measures to be taken if they received an allegation of a abuse or a complaint.

Judgment:

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:

Lorraine Egan
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:	01/07/2014
Date of response:	25/08/2014

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.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Some staff files did not contain a full employment history.

Abbreviations were used on the staff rota and there was no indication as to the meaning of the abbreviations.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The CVs of all current staff have been updated to include a full employment history. The staff rota now has a key to abbreviations.

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

Proposed Timescale: 31/07/2014

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The policy on the prevention, detection and response to abuse did not outline the indicators of abuse or the timelines in relation to the investigation of allegations of abuse in the centre.

Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Our policy has been updated to include possible indicators of abuse and timelines in relation to the investigation of allegations.

Proposed Timescale: 03/07/2014

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

A risk in relation to access to the kitchen had not been risk assessed.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The kitchen has now been fully risk assessed and a key pad entry system investigated. Two estimates for the installation of the system have been received. The system itself was proposed for complete installation by the 1st September 2014 but has been achieved ahead of that deadline.

Proposed Timescale: 16/08/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Some staff had not taken part in a fire drill and there was no evidence that fire drills had been carried out to ensure the centre could be evacuated at night.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire drills specifically for night staff have now been conducted. This will be an on-going process for all staff. We have also spoken with our fire training officer to seek incorporation of fire drills specifically for night staff when he is conducting his annual training and he has indicated his intention to do so.

Proposed Timescale: 08/07/2014

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The procedure for the evacuation of residents in the event of a fire was not displayed in a prominent place in the centre.

Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

Fire signage is placed throughout the home. 6 fire action signs are in place, in close proximity to the exits. We have sourced more explicit instructional signs with our Fire Safety and Training Officer which will be in place by 30th August 2014. Each resident has a Personal Emergency Evacuation Plan in their care plan, at their bedside and a quick reference list is contained within the fire book at the nurses' station. We have now also placed a copy of our Emergency Plan which outlines the 3 levels (low, medium and high) of evacuation in the fire book.

Proposed Timescale: 30/08/2014

Outcome 09: Medication Management**Theme:**

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some prescription sheets did not identify the route of the medication, the time of

administration, the maximum daily dose of PRN (as required) medication or the general practitioners (GP) signature where a medication was discontinued.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

We have been in contact with our pharmacy provider and with our cohort of GPs in order to ensure that all required detail is provided on residents' prescription sheets.

Proposed Timescale: 01/08/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was no evidence that residents had been consulted in relation to the review of care plans.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Care plans are reviewed in consultation with residents/families and the residents own words are used in care plans where possible, usually in quotation marks to indicate their input. We are introducing a signature sheet for each resident which will be signed by the resident (where possible) at each review to indicate active involvement in the review process. This will begin at the next review in September 2014

Proposed Timescale: 30/09/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

There were two multi occupancy rooms which did not comply with the Regulations in regard to the physical environment of the Health Act 2007 (Care and Welfare of

Residents in Designated Centres for Older People) Regulations 2013 and Standard 25 of the National Quality Standards for Residential Care Settings for Older People 2009.

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:

The provider will reduce the occupancy of these rooms by the required date.

Proposed Timescale: 01/07/2015

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

There was no independent person nominated who held a monitoring role to ensure complaints were responded to appropriately and records maintained.

Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

While an independent person has always been in place to deal with complaints that could not be resolved at local level, Maureen Healy, Proprietor has now been explicitly named as the person responsible for the overall review and monitoring of complaints.

Proposed Timescale: 03/07/2014

Theme:

Person-centred care and support

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

There was no person named as responsible for investigating a complaint where it was received in relation to the person in charge.

The policy did not contain timelines in relation to the management and investigation of complaints.

Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective

complaints procedure which includes an appeals procedure.

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

We have updated our policy to include timelines for the investigation and management of complaints. The Provider has now been designated the person responsible for investigating a complaint if it pertains to the Person in Charge either as the subject of the complaint or as the complainant.

Proposed Timescale: 03/07/2014

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some end of life care plans were not sufficiently comprehensive in addressing the physical, emotional, social, psychological and spiritual needs of the resident and had not been signed by the resident or the next of kin where appropriate.

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

Our end of life care plans were developed on a very individualised basis. The next of kin of each resident is explicitly named in each care plan. The Clinical Nurse Manager has dedicated a significant amount of time and effort developing Life Story Books for each resident which have been used to further personalise the End of Life care plans for residents whose books have been completed.

As stated previously, we are also introducing signature sheets for residents to indicate their involvement in the care plan development and review process.

Proposed Timescale: 30/09/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The advocacy service was not independent.

Action Required:

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

The possibility of an external advocate was discussed with the residents at a resident meeting. The idea was rejected by the residents who stated that they felt more comfortable speaking to someone they knew well. However, to ensure compliance we have spoken with Fr Christy McCormack P.P. who has agreed to act as an independent advocate should the residents wish for his involvement.

Proposed Timescale: 08/07/2014