**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:** Marie Matthews  
**Support inspector(s):**  
**Type of inspection:** Unannounced  
**Number of residents on the date of inspection:** 31  
**Number of vacancies on the date of inspection:** 2
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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 04 November 2015 17:30  To: 04 November 2015 21:30
From: 05 November 2015 10:00  To: 05 November 2015 16:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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</tbody>
</table>

Summary of findings from this inspection

The purpose of this inspection was follow up on actions from the previous inspection and to monitor the centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre’s for Older People) Regulations 2013 and As part of the inspection, the inspector met with residents, staff, the Clinical and Operational Director, 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. There was evidence of that the provider and person in charge (PIC) had responded to the actions from the last inspection and the inspector observed good practice and a high level of overall compliance in the centre. An action plan has been included under health care as some care plans reviewed did not provide clear guidance to staff to meet the residents needs. The findings are discussed in the report. The action required is included in the Action Plan at the end of this report.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
On the last inspection the inspectors found the staff rota was unclear due to the use of abbreviations without an appropriate key as to the meaning of the abbreviations. This had been addressed and a key was included to explain abbreviations used.

Staff files also required improvement on the last inspection as some did not contain a full employment history. The inspector reviewed a sample of staff files during this inspection which were found to include a full employment history. Appropriate records were maintained and the inspector found that these were complete and kept up to date and securely maintained.

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

Findings:
Residents who spoke with the inspector said they felt safe and said they could speak with any of the staff, the provider or the person in charge (PIC) if they had any concerns. There were systems in place to safeguard residents’ money and valuables. Staff spoken with were clear in relation to their responsibility to report any suspicions or allegations of abuse.

The policy on protection had been reviewed in response to the last inspection to include information on the indicators of abuse and the timelines in relation to the investigation of allegations of abuse. The PIC and the provider were knowledgeable regarding the procedures in place to ensure residents were protected.

**Judgment:**
Compliant

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

**Findings:**
The three actions identified during the last inspection had been appropriately addressed. Risks associated with leaving the kitchen unsupervised had been assessed in response to an action plan from the last inspection and mitigated. A key pad lock had been installed on the door leading to the kitchen door to secure the area when the catering staff were not present.

The inspector observed that the procedure for the evacuation of residents from the centre was displayed in a prominent position. There was evidence that staff had taken part in fire drills which included both evening and night time drills. Each resident had a personal emergency evacuation plan in place and a copy of this was kept with the centres’ fire register. The staff interviewed by the inspector were familiar with the evacuation procedure. Suitable fire equipment was provided which was serviced on an annual basis. Documentation viewed showed the fire alarm was serviced on a quarterly basis. All staff members had completed training in using the fire safety.

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.

The inspector observed good moving and handling practices in the centre and training records indicated that staff had up to date training in moving and handling.
Judgment:
Compliant

**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:**
The actions from the last inspection were addressed. The inspector viewed a sample of residents’ prescription and administration sheets. All prescription sheets reviewed identified 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.

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:**
On the last inspection inspectors identified that the residents were not involved in the process of care planning. This had been addressed and there was evidence that the residents were consulted and involved in preparing care plans to guide staff as to their care needs. This was also confirmed by residents who spoke with the inspector on this inspection.

The inspector viewed a sample of residents’ care plans which included a range of
assessments including a falls risk assessment, wound assessments, skin integrity assessments, nutritional assessments and continence assessments. These assessments informed the development of care plans. The inspector observed that most care plans provided comprehensive information to guide staff. However a small number required review to ensure the provided clear guidance to staff. For example the inspector was told that one resident had difficulty sleeping at night related to anxiety. His night time care plan referred to this and prompted staff to offer him reassurance and a cup of tea or cigarette to ease his anxiety but didn't reference that he was prescribed medication to aid sleep which he could be offered.

In another the inspector observed that a resident became very anxious during personal hygiene and the person in charge said that the residents did not like having a shower. The inspector reviewed her personal care plan which did not reference this or suggest any proactive strategies guide staff to help reduce this resident’s anxiety.

**Judgment:**
Substantially Compliant

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**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The centre was clean, bright, comfortable and warm and was well ventilated. It is a single storey building 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.

On the previous registration inspection inspectors identified that of the 16 bedrooms, two were in multi occupancy and 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. A condition of the registration granted was that these rooms would be reconfigured so that they accommodated a maximum of two residents and that no new residents would be admitted to these rooms. The inspector found that the three residents sharing the multi-occupancy bedroom on the previous inspection still occupied this room. The residents
confirmed to the inspector that they had been offered the choice to move to a single room but preferred to stay sharing with the residents they had shared with for over 5 years. The directory of residents’ records verified that these residents had been in the centre for between 5 and 8 years. The provider has restated her intention to reconfigure as previously stated once there is a change in occupancy. As this action remains outstanding it is repeated in the action plan that accompanies this report.

**Judgment:**
Substantially Compliant

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

**Findings:**
The policies and procedures for the management of complaints were required by the inspector. The provider was identified as the person responsible for the overall review and monitoring of complaints. The complaints policy had been updated to include timelines for the investigation and management of complaints. The Provider was identified as the designated the person responsible for investigating a complaint concerning to the Person in Charge either.

The inspector viewed the log of complaints received in the centre and noted that complaints received were responded to promptly. The action taken in response to recorded complaints was recorded. Residents interviewed indicated that they were very happy in the centre and that the PIC responded to any issues of concern promptly.

**Judgment:**
Compliant

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

### Findings:
The inspector viewed a sample of end of life care plans and found that care plans were more comprehensive and included details of the family members’ residents would like with them at their end of life.

A Life Storybook had been completed for most residents which contained comprehensive information on the resident’s wishes for end of life and the Clinical and Operational Director told the inspector that all residents would have this book completed with them over the next number of months.

A single room was offered to residents at end of life if they wished. Family members were facilitated to stay overnight in the visitors room if required.

### 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 confirmed that staffing levels were reviewed as appropriate in response to residents’ needs. There was evidence of good communication between residents and the staff. The inspector observed staff interacting with residents in a courteous manner and were respectful of their choices and wishes.

Records showed that staff had completed mandatory training including adult protection, fire safety and manual handling. Additional training had been provided in areas such as dementia care, managing behaviour that challenges and restraint management.

### Judgment:
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:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Nightingale Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000371</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>04/11/2015 and 05/11/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21/12/2015</td>
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</tbody>
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Requirements

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

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

Outcome 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:
Some care plans did not provide sufficient guidance to meet the residents assessed care needs staff.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
Care plans identified by the inspector have been reviewed and updated to reflect more comprehensively the needs and preferences of residents.

Proposed Timescale: 09/11/2015

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:
Two bedrooms remain in multi occupancy and 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.

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

Please state the actions you have taken or are planning to take:
The Provider has reiterated the intention to reduce occupancy of the two rooms in question when the status of the residents in those rooms makes this possible.

Proposed Timescale: Dependent on resident status.

Proposed Timescale: