

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Nightingale Nursing Home
<b>Centre ID:</b>	OSV-0000371
<b>Centre address:</b>	Lowville, Ahascragh, Ballinasloe, Galway.
<b>Telephone number:</b>	090 968 8095
<b>Email address:</b>	nightingalenursinghome@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Maureen Healy
<b>Provider Nominee:</b>	Maureen Healy
<b>Lead inspector:</b>	Marie Matthews
<b>Support inspector(s):</b>	Gearoid Harrahill
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	24
<b>Number of vacancies on the date of inspection:</b>	7

## **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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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 1 day(s).

**The inspection took place over the following dates and times**

From: 07 June 2017 10:00 To: 07 June 2017 18:30

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

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

**Summary of findings from this inspection**

This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over one day. As part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff members of the centre were sought during the inspection and relatives' questionnaires were

received by the Authority prior to and during the inspection. The opinions expressed through the questionnaires were mainly positive towards the services and facilities provided.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (HIQA). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The fitness of the nominated person on behalf of the provider were previously determined through a fit person process and demonstrated knowledge of 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 throughout the inspection process.

The centre is located in a rural area near the village of Ahasragh in Galway. The centre is a single storey building with capacity to accommodate 31 residents requiring long-term care. Two three bedded rooms had been reconfigured to two bedded rooms in response to a condition of the previous registration.

Residents' healthcare needs were well met. Residents were regularly reviewed by a general Practitioner (GP) and a range of allied support services such as physiotherapy, speech and language therapists and occupational therapy were provided to residents. There was no additional fee charged for these services.

Staff were familiar with the residents and knowledgeable of their care needs. There were appropriate recruitment arrangements in place, and staff had completed all mandatory training areas. Minor improvements were identified in relation specifying the room occupancy in the contracts of care. The Action Plan at the end of this report identifies areas any improvements required to comply 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.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 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:**

There was a written statement of purpose that accurately describes the service that is provided in the centre. It was kept up to date and reviewed on a regular basis.

**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:**

There were systems in place to ensure the quality of care and experience of the residents was monitored and developed on an ongoing basis. The provider, who was also a registered nurse, was based in the centre and she and the person in charge worked closely together to manage the centre. They demonstrated a hands on approach to management. The centre was well maintained and a condition of registration put in place by the chief inspector at the time of the last application to renew registration to

reduce a three-bedded room to a two-bedded room had been complied with.

A number of clinical audits had been completed including audits of responsive behaviour, activities, blood glucose monitoring and residents finances. An annual review of the safety and quality of care was conducted and a report on the review was available. The report summarised the audit findings and outlined where improvements were required. An improvement plan formed part of the review.

**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:**

Information was posted at appropriate locations of the centre informing residents of the menu options for meals and the arranged activities in the centre for the day. There was also clear posted information on the time date and weather, which is beneficial for a resident with confusion or dementia to get their bearings.

Each resident has an agreed contract of care with the service, which outlined the fee payable and the services covered by that fee, as well as services the centre would facilitate which would incur and extra charge. While the contracts of care outlined the terms of residency, they did not specify if the room to be occupied was a single or shared room.

**Judgment:**

Substantially 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 person in charge is a registered general nurse with over 14 years experience. She is employed as a clinical and operational director in the centre and works full time. Both she and the provider provide care on call at weekends. She demonstrated strong clinical knowledge and was aware of her responsibilities under the Regulations.

She has maintained her clinical skills through continuous professional development. She had a master's degree in Science and in gerontology and a diploma in health law. The Inspectors found that she was well known to residents.

**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:**

All policies required by Schedule 5 of the regulations were in place and there was a system in place to ensure they were regularly reviewed. The policies were up-to-date and centre specific.

The inspector found that the records outlined in Schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure accuracy and ease of retrieval.

A directory of residents' was maintained which contained the information required in the regulations.

**Judgment:**

Compliant

***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 that the person in charge would be absent for a period of 28 days or more.

A clinical nurse manager who deputises for the person in charge was due to go on long term leave and another staff member was identified to act in this role. The person in charge stated that she and the provider work together to ensure there is always cover and both provide on call cover at night and on weekends.

**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:**

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. The policy included information on the indicators of abuse and timelines in relation to an investigation of an allegation of abuse. Staff spoken with were clear in relation to their responsibility to report any suspicions or allegations of abuse. The provider and the director of nursing 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 provider or a staff member if they had any concerns.



There was a policy in place for responding to responsive behaviours associated with dementia. The policy clearly outlined the reasons the measures that should be used by the staff to respond to responsive behaviours. The inspectors reviewed the care plan of one resident with responsive behaviours which included appropriate guidance to help to prevent an escalation of the behaviours and strategies to help reduce the residents' anxieties if an incident occurred to. There was also evidence of appropriate referral and review by psychiatry of later life.

There was a policy and procedure in place for the use of restraint which clearly outlined the various types of restraint. There was evidence that the centre was promoting a restraint free environment as no restraints were in use and less restrictive options such as a low entry beds and sensory mats were used instead to ensure the residents safety.

Resident had the option of having the provider keep small amounts of money or valuables for them and this was well managed by the centre. A balance book was maintained for each resident. Withdrawals were signed by two members of staff, and a random sample of residents' balances matched the actual items stored.

**Judgment:**  
Compliant

***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:**  
A centre-specific health and safety statement was available and emergency plan which provided guidance in the event of fire, flood, power outage or structural damage to the centre.

The fire evacuation plan was available which instructed staff on their role and duties, and signage for the extinguishers and fire map was prominently displayed. Staff spoken with were clear on what to do in the event of an evacuation.

Inspectors saw that both announced and unannounced fire drills were held which simulated a fire for the staff who worked at night. Records of these drills indicated the time, date, staff involved and duration of the drill and included notes on the process and suggestions where improvements could be made in the future. Inspectors saw that all residents had personal emergency evacuation plans (PEEPs) which were kept in the main foyer and identified the residents who required verbal prompts, physical

assistance, or equipment such as a wheelchair or evacuation sheet.

Records reviewed by inspectors demonstrated that regular checks of escape routes, equipment, lighting and door-closing mechanisms were taking place. Certification for external servicing and testing of the alarm system, fire fighting equipment, emergency lighting and fire-resistant furnishings was also available.

The centre maintained a risk management policy and assessments, which provided guidance to assist staff to appropriately rate and control risks referred to under Article 26 of the regulations, such as abuse, aggression, self-harm or the risk of a resident absconding.

Appropriate infection control procedures were in place. The cleaning and laundry staff were clear on their procedures for handling, washing and storing equipment such as mops and cloths, and were familiar with how their routine would change in the event of resident illness, quarantine or bodily spill. Records of water sampling for the detection of bacteria such as Legionella were available.

The centre as a whole was clean, well maintained and free of any malodours and safe in its design and layout for residents, including those with reduced mobility to navigate.

**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):**

No actions were required from the previous inspection.

**Findings:**

A medicine management policy was available to inform safe medication practices. All nursing staff had completed training in medication management. The inspectors observed that residents' medicines were stored appropriately in medication trolleys which were safely stored when not in use in a clinical room. Medicines controlled under Misuse of Drugs legislation and medicines requiring refrigeration were also appropriately stored. Balance checking of the stock of controlled medicines was consistently completed at the end of each shift and signed by two staff nurses.

Medication was supplied to the centre from a local pharmacy and the person in charge said that residents could retain their own pharmacy if they chose to do so. Medication was supplied in daily blister packs and these were checked on receipt for correctness. The inspectors saw that there was a system in place to ensure that residents' prescribed

medication was reviewed at least on a three-monthly basis. There was evidence of ongoing audits of medication practice and inspectors saw that where issues were identified, these were relayed to staff for action.

**Judgment:**

Compliant

***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:**

Practice in relation to notifications of incidents was satisfactory. The inspector reviewed a record of all incidents that had occurred in the centre since the previous inspection and cross referenced these with the notifications submitted by the person in charge .

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding serious incidents and accidents. To date all relevant incidents had been appropriately notified to the Authority.

**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):**

**Findings:**

The healthcare needs of residents' were being met. Residents had access to general

practitioner (GP) services. Residents' had access to a full range of other services on referral including speech and language therapy (SALT), dietetic services, physiotherapy and occupational therapy and these were included in the fee . Chiropody, dental and optical services were also provided. Psychiatry of later life services also supported some residents' living in the centre.

Inspectors saw evidence that residents' had a pre-admission assessment completed prior to admission and were comprehensively assessed on admission. Nursing assessments, care planning and clinical risk assessments were carried out for residents using evidence based assessment tools.

The care plans reviewed contained a good level of detail to inform care. Care plans were reviewed regularly and any changes in the residents' health were reflected in the care plan. Inspectors saw that residents were consulted regarding their care plans.

Weight loss and other clinical indicators were monitored and each care plan had a summary of any clinical risks at the front on an information card for quick reference and this was used if a resident needed to be transferred to hospital. A physiotherapist was employed by the provider and worked with residents to promote their mobility. The inspectors saw that there was a low instance of injuries sustained from falls.

Some recording omissions were noted in the recording of blood glucose levels for one resident whose care plan stated that these should be done daily.

**Judgment:**

Substantially Compliant

***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 comprises a large day room and two smaller living rooms. There is a dining room which is large enough to accommodate all residents with space for assistance and wheelchair navigation. The centre was in a good state of repair and was clean, well-heated and ventilated. There was a designated internal smoking room which was appropriately equipped with ashtrays, mechanical extract

ventilation and safe furnishings, and a quiet visitor room in which residents could receive guests in private. The centre was equipped with sufficient laundry, kitchen, sluicing, and equipment storage facilities to meet the requirements of the centre and the number and needs of its residents. The building was equipped with a call bell system. Simple pictorial labelling was present on doors to identify toilets and the dining room for residents.

An action from the previous inspection was to reconfigure two bedrooms to reduce their occupancy from three beds to two. This work has been completed in both rooms; the bed was removed and the furniture and privacy screens were rearranged to provide enhanced space for two residents. Bedrooms were home-like in design, nicely furnished and decorated with residents' artwork and photographs. There was adequate space for residents clothing and possessions, and residents had the option of lockable storage for valuables. Some bedrooms have ensuite facilities, and the total number and location of toilet and shower facilities was suitable for the needs of residents in the centre. Bathrooms were equipped with assistive rails, low level entry shower enclosures, and chairs to assist with bathing.

Corridors were free of obstruction, steps or trip hazards, and had handrails on both sides which were visible against the wall. Safe floor coverings were used through the centre. Rails and gentle slopes allowed safe access to the garden, which was secure and safe for use by residents.

**Judgment:**  
Compliant

***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:**  
The centre maintained a policy on the management of complaints. The procedure for a person to make a complaint was available and this identified the person responsible for investigating complaints raised. The procedure provided the contact details for making independent appeals if unsatisfied with the local outcome, as well as those of the ombudsman.

The centre kept a log of complaints made in the centre, which included verbal complaints recorded with the same level of detail and attention as those made formally. The record outlined the nature of the complaint, discussion and correspondence between the complainant and the provider, actions taken and the outcome of the

matter, including noting whether the complainant was satisfied with the response of the provider. At the time of inspection no complaints were open and the centre had a low number of complaints recorded.

**Judgment:**

Compliant

**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:**

There were written operational policies and protocols in place for end of life care.

Inspectors reviewed a sample of residents end of life assessments and care plans which contained information on the residents physical, spiritual and social needs. Life stories completed for each resident also contained information on the residents and any specific wishes that they had expressed.

Where appropriate 'do not attempt resuscitate' orders were made these were discussed with the residents family and general practitioner (GP) and were regularly reviewed. The Person in charge said they were working towards including advance care plans in the admission process which will detail the level of care a resident would like in the event that they became very unwell.

Palliative care services were available on a referral basis. Bedrooms in the centre would afford the resident privacy at the time of death.

**Judgment:**

Compliant

**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:**

Inspectors saw that residents were provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

A menu was displayed which offered choice and variety. Residents' likes and preferences were known by the kitchen staff. Residents who required modified consistency diets had the same menu choices available to them.

The dining room could accommodate all residents in one sitting and was appropriately laid out to accommodate those in wheelchairs. Tables were covered in tablecloths and flowers were on each table. Inspectors observed staff sitting with residents while assisting with meals. Inspectors heard the various menu choices being offered to the residents.

All residents were screened for nutritional risk on admission using a recognised assessment tool. The inspectors saw that residents' weights were checked on admission and then on a monthly basis or more frequently where indicated. Where residents were identified as being at risk nutritionally they were referred to a dietician and those who had an impaired swallow were reviewed by a speech and language therapist. Recommendations from these specialists were seen in the nutritional care plans reviewed and implemented in practice.

**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:**

Inspectors observed residents talking among themselves, doing puzzles and jigsaws,

relaxing with the radio, reading the newspaper, saying the rosary together, and strolling around the grounds of the centre independently. Recreation options were varied, including outdoor activities such as planting. There was a comfortable and home-like atmosphere in the centre. Interactions between staff and residents, during assistance and general chatting, were friendly, respectful and evidenced knowledge of the resident, their background and personality.

Residents were facilitated to be registered on the electorate and to vote on the centre premises. Residents were facilitated to exercise their religious practices; the local priest visited the residents, and said weekly mass in the centre, and time was designated for resident to recite the rosary together.

The centre had composed a file on residents' capacity regarding activities. This included information on residents such as their level of ability to engage in meaningful conversation, problem-solve, or perform activities in which they worked with their hands. This information was intended to optimise engagement with activities, and to inform staff where residents did or did not have the capacity to participate in particular types of activities. The activities coordinator kept a record of each scheduled activity with a list of residents who actively participated, watched without engaging, or chose to do something instead. These lists served to highlight where residents could not or chose not to participate in activities and what alternatives were explored or suggested. For residents who primarily had one to one activities or interactions, the activity coordinator noted the time spent with the resident, brief notes on what was done with them and what level of engagement they had with them. Having these notes on group and solo activities assured the staff that all residents were kept appropriately active, stimulated and involved, including those who could not or chose not to get involved in group sessions.

Resident meetings took place approximately every two months. The minutes of these meetings discussed updates the day to day running of the centre, suggestions and feedback on menus, and discussion of recent or upcoming event and outings. Notes were made on the contributions of each resident and points raised were followed up on in the next meeting.

CCTV was minimal and was not present in any private or communal resident areas. Its only purpose was to monitor areas of access by external parties such as at the delivery point of the kitchen.

**Judgment:**  
Compliant

***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:**

The centre maintained a policy on resident's personal possessions. Each bedroom had sufficient space and storage for clothing and belongings, including the option of having valuables locked away.

The staff in the laundry room had a clear system for collecting, washing, separating and returning clothing for residents, including those which were soiled or had been misplaced. There was a labelling system in effect and clothing was identifiable in a discreet manner. Net bags were used when washing to ensure that articles of clothing which could not be labelled such as socks were kept together and easily returned to the correct residents.

**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:**

There were normally two staff nurses on duty during in the morning and three health care assistants, along with the person in charge and the provider who worked five days each week. This reduced to 1 nurse after 4pm and 2 care assistants and at night one nurse and one care assistant were on duty. The provider and person in charge stated that they live near the centre and were available if there was a change in any residents condition. A copy of the staffing rota was reviewed which confirmed that these staffing levels were normally in place. Systems were in place to provide relief cover for planned and unplanned leave.

The centre did not utilise volunteers or external agency staff.

All staff were up to date on their mandatory training in safeguarding of vulnerable adults, fire safety, manual handling, and for nurses, medication management. The centre had future dates arranged for refresher training for when it will be due. Staff members had attended a wide range of supplementary training including training on restraint management, medication management and end of life care.

A selection of personnel files were reviewed and inspectors found these to contain all information and documentation required under Schedule 2 of the regulations.

Staff in general were knowledgeable of the residents, their needs, histories, preferences and personalities. Respectful interactions were observed between staff and residents.

A staff allocation system was in place that identified the staff for each area on. The system also identified staff supervision of communal areas throughout the day.

**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:***

Marie Matthews  
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 report<sup>1</sup>

<b>Centre name:</b>	Nightingale Nursing Home
<b>Centre ID:</b>	OSV-0000371
<b>Date of inspection:</b>	07 June 2017
<b>Date of response:</b>	03 July 2017

### 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 03: Information for residents

#### Theme:

Governance, Leadership and Management

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

The contracts of care did not specify the occupancy of bedrooms that the resident could expect as part of their residency in the centre, as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016.

#### 1. Action Required:

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

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

The contract of care has been altered to reflect the amendment to the Health Act. For new residents this will be utilised immediately. For current residents, the contracts are due for renewal in January 2018 and the amendment to the contracts will be in place for them at that time.

**Proposed Timescale:** 31/12/2017

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

Some recording omissions were noted in the recording of blood glucose levels for one resident whose care plan stated that these should be done daily.

**2. Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Omissions in recording of Blood Glucose levels on a daily basis have been brought to the attention of all nursing staff. They have been advised to record the reason for any omission (e.g. where the resident declines to have the sample taken) and to bring this to the attention of the person in charge. In this event the Person in Charge will liaise with the resident and/or GP if appropriate. Blood Glucose level recording will be reviewed by the PIC at regular intervals to ensure that nursing staff continue to carry out care in accordance with the guidance outlined in care plans.

**Proposed Timescale:** 19/06/2017