



# Report of an inspection of a Designated Centre for Older People

## Issued by the Chief Inspector

Name of designated centre:	Flannery's Nursing Home
Name of provider:	Flannery's Nursing Home Limited
Address of centre:	Chapel Road, Abbeyknockmoy, Tuam, Galway
Type of inspection:	Announced
Date of inspection:	14 October 2019
Centre ID:	OSV-0000341
Fieldwork ID:	MON-0022789

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This registered centre is a modern purpose-built single-storey premises, which provides residential care for 61 residents. The building has many features that contribute positively to residents' quality of life. These include large bedrooms with en-suite facilities, windows that provide a view of the outside when sitting down, a range of sitting areas where residents can spend time during the day and wide hallways that enable residents to walk around freely. The centre can accommodate up to 61 residents. The centre cares for both female and male residents aged 18 years and over with the following care needs: respite care to residents following hospital stay, post surgery or from home, respite care, post-operative care for those after orthopaedic surgery, and cardio-thoracic surgery. Long term care is provided to residents requiring full time care, including those suffering from dementia and who are no longer able to look after their own physical and mental well-being. The registered centre provides palliative care, dementia care, and convalescence care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	34
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
14 October 2019	10:00hrs to 17:30hrs	Catherine Sweeney	Lead

## What residents told us and what inspectors observed

The inspector spoke with eight residents individually on the day of inspection and also received feedback through nine residents questionnaires. Residents told the inspector that staff were very kind and respectful and would support them with everything they wish to do. The inspectors spent time observing staff and resident engagement throughout the day of inspection. Staff interaction with residents was person-centred and kind. Staff were observed to be familiar with the residents' preferences.

Residents told the inspectors that the food was always good, the menu was varied and that they enjoyed mealtimes. Residents could have their meals at their preferred time and snacks were available throughout the day and night.

Residents were very familiar with the person in charge and told the inspector that they would not hesitate to make a complaint if they needed to. One resident explained that he told the staff that he would like coffee after his meals and that this was facilitated immediately.

The inspector also spoke with residents' relatives. The overall feedback was positive with relatives stating that they could speak with the management team at any time about concerns or issues they may have.

## Capacity and capability

This was an announced inspection, scheduled to inform an upcoming renewal of registration for the centre. The inspector reviewed the actions from the previous inspection and found that some actions had been addressed in line with the requirements of the regulations. However, a number of actions remained outstanding, for example, significant gaps remain in relation to staff training and development and the development of person-centred assessment and care planning.

The inspector found that staffing numbers required review to ensure the quality of care delivered was maintained. A review of the roster found that staffing levels were not in line with the staffing levels described in the centre Statement of purpose. The management described the daily staffing levels to be two staff nurses and three carers, supported by the director of nursing or the person in charge, on duty during the day and one staff nurse and two carers on the night duty. A review of the rosters for the month of October 2019 found that for each week there was three to four days when only one nurse was rostered during the day. While there was no evidence of a direct impact on the residents care, staff spoken to stated that they found it difficult to meet the residents assessed care needs on days with

reduced staffing levels.

A review of the training record confirmed that all staff had not received mandatory training in fire safety and safeguarding.

A comprehensive recruitment and induction system was in place. Performance appraisals were in place for all staff. Staff were appropriately supported and supervised in their roles. The director of nursing or the person in charge were rostered on duty both during the week and throughout the weekend.

The centre had a clear organisational structure in place. The person in charge was supported by the director of nursing and a team of nurses.

The centre had a system of audit in place. A falls audit was completed quarterly and clearly identified trends and actions to be taken to ensure quality improvement. The management team reported a reduction in the falls rate as a result of this analysis. However, other audits completed in the centre lacked the appropriate structure to have an impact on the quality of care. For example, the hand washing and the dining room audit did not identify a quality improvement plan based on the data collected.

A 2018 annual review of the quality and safety of care had been completed.

The inspector reviewed the complaints log in the centre and found it to be in compliance with regulations. Complaints are well documented. Both written and verbal complaints were logged and investigated in line with the centres' procedure. The satisfaction of the complainant was also documented.

## Regulation 14: Persons in charge

The person in charge was experienced in the management of a designated centre, suitably qualified and had a good working knowledge of the regulations. She had a strong presence in the centre and she was well known to the residents. During the inspection, the person in charge demonstrated a commitment to the care and welfare of the residents. She worked full-time in the centre and is supported by the director of nursing.

Judgment: Compliant

## Regulation 15: Staffing

A review of the staffing levels was required to ensure that consistent, high quality care can be delivered. This was a repeated non-compliance from the previous

inspection.
Judgment: Substantially compliant
<b>Regulation 16: Training and staff development</b>
Significant gaps were found in the mandatory training records of the staff. This was a repeated non-compliance from a previous inspection.
Judgment: Not compliant
<b>Regulation 19: Directory of residents</b>
The directory of residents was reviewed and found to contain all the information required under regulation 19.
Judgment: Compliant
<b>Regulation 21: Records</b>
A review of the records found compliance with Schedule 2, 3 and 4 of the regulations.  Vetting disclosures in accordance with the National Bureau (Children' and Vulnerable Persons) Act 2012 were in place for all staff and volunteers in the centre.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The register had appropriate insurance cover in place. An up-to date certificate was available for inspection.
Judgment: Compliant

### Regulation 23: Governance and management

Improvements were required to ensure compliance with Regulation 23. The actions relating to the staffing levels, staff training and development, and the quality of assessment and care plans are restated from the previous inspection. A review of the auditing system was required to ensure that quality improvement plans are identified from all audits completed.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Each resident had a contract of care in place that met with regulatory requirements.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose for the centre required review to ensure compliance with the requirements of Schedule 1 of the regulations.

Judgment: Substantially compliant

### Regulation 30: Volunteers

The roles and responsibilities was documented for all volunteers working in the centre. All volunteers had a vetting disclosure, in accordance with the National Bureau (Children' and Vulnerable Persons) Act 2012, in place.

Judgment: Compliant

### Regulation 34: Complaints procedure

A review of the complaints policy and procedures in the centre found that the centre was in compliance with the requirements of Regulation 34. This action had been



addressed since the last inspection.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The centre had written policies and procedures in place in line with the requirements of Schedule 5 of the regulations.

Judgment: Compliant

### Quality and safety

The inspector found that the centre was providing a high standard of care, support and quality of life to the residents. Improvements were required in relation to the documentation of assessments and care plans, the cleaning procedures, and the documentation of fire drills.

The centre was purpose built and in a good state of repair. The centre was warm and comfortable on the day of inspection. The size and layout of the centre was suitable to meet the needs of the residents. Residents bedrooms were seen to be personalised with residents own possessions and decorated in line with their preference. The communal rooms were well decorated and had suitable flooring throughout. The centre was visibly clean on the day of inspection. There was a safe and accessible garden for residents to use when weather permitted. Residents told the inspector that they frequently accessed and enjoyed the outdoor space.

Each resident had an individual assessment and care plan documented on an electronic system of nursing documentation. The centre has recently transitioned for the use of paper-based assessment and care planning. While all residents had assessments and care plans in place, a number of inconsistencies in the quality of the documentation was noted. For example,

- two separate assessment tools had been used to assess clinical risks leading to lack of clarity, inconsistent measurements and possible confusion
- care plans were not informed by the assessments
- some care plans lacked person-centred detail
- interventions for residents with responsive behaviours were not well described in the residents care plan and did not reflect the quality of care observed by the inspector on the day of inspection.

The centre has access to a local general practitioner (GP) surgery. Referrals could be made and facilitated to the dietitian, speech and language therapist, tissue

viability specialist, optician, palliative care teams and psychiatry of later life. Access to physiotherapy and occupational therapy was limited but available on referral or request.

The centre had a safe system of medication management in place.

The centre was clean on the day of inspection. Staff spoken with were aware of the cloth colour coding system in place. All areas of the centre, including residents bedrooms, were cleaned daily. However, the infection control policy was not adhered to by the cleaning staff on duty. This was evidenced by

- dry dusting and sweeping was part of the daily procedure in the bedrooms
- mopping procedures were not in line with best practice or the centre's infection control policy

A risk management policy was in place in the centre. A health and safety statement clearly identified centre specific risks and the controls in place to manage these risks. Clinical risks were identified for each resident on the electronic documentation system. Individual environmental risks, such as residents who chose to smoke, were completed in a risk register. Hazards were clearly identified and actions put in place to control the risk. The risk register was kept updated.

The registered provider had taken adequate precautions against the risk of fire. Appropriate fire fighting equipment was in place and serviced regularly. A fire alarm system was in place and serviced annually. Staff spoken with were clear about the procedure to be followed in the case of fire. The procedure in relation to fire was displayed prominently throughout the centre. A review of the documentation of fire evacuation drills was required to ensure that quality improvement was achieved.

Residents had access to the local and national newspapers, television and radio. A comprehensive programme of activities was in place, facilitated by the activity coordinator. Residents told the inspector that there was always plenty to do. Residents were seen to be socially engaged with each other and with staff throughout the day of inspection. This action had been addressed since the last inspection.

## Regulation 11: Visits

The centre had no restrictions in relation to visitors. Visitors were seen to come and go throughout the day of the inspection. There was suitable communal areas available to facilitate the residents receiving their visitors in private.

Judgment: Compliant

## Regulation 17: Premises

The size and layout of the designated centre was suitable for the assessed needs of the residents. The centre was maintained to a high standard. The action from the previous inspection in relation to the ventilation of the smoking room and access to outdoor areas had been addressed.

Judgment: Compliant

## Regulation 26: Risk management

The centre has a robust system system of risk management in place. The risk policy contained all the requirements set out under regulation 26(1). Residents individual risks were conducted.

Judgment: Compliant

## Regulation 27: Infection control

While the centre was clean on the day of inspection, a review of cleaning procedures was required as the practice observed on the day of inspection was not in line with the centre's cleaning and infection control policy.

Judgment: Not compliant

## Regulation 28: Fire precautions

Monthly compartment evacuation drills had been completed and a description of the drill had been documented. Improvement was required in relation to the information documented so that learning from each drill could be identified and improvements monitored.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medicine systems in the centre and found that a safe system of medicine administration is in place. The system is understood by all nursing staff and supervised by the director of nursing and the person in charge. Medicines were stored securely. Residents medicines were prescribed and reviewed by their doctor.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A review of the documentation of individual assessments and care plans was required to ensure consistent person-centred care is documented and delivered.

Judgment: Substantially compliant

### Regulation 6: Health care

The centre had limited access to allied health professionals such as physiotherapists and occupational therapist due to the remote location of the centre. The person in charge assured the inspector that all services required by the residents based on the assessed need would be accessed through either the public or private health care systems. This was supported by observation of the psychiatry of later life and hospice team being on-site in the designated centre on the day of inspection and by recorded assessments by the dietitian and speech and language therapist in the residents files.

Judgment: Compliant

### Regulation 8: Protection

The centre had systems in place to ensure the identification, reporting and investigation of allegations or suspicions of abuse. A comprehensive policy was in place and staff spoke with were aware of the procedure to be followed in relation to alleged or suspected abuse. However, some gaps were found in the staff training record in relating to the safeguarding of residents. This has been discussed further under Regulation 16, Training and staff development.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were observed to be supported to exercise their choice as much as possible. Residents spoken with informed the inspector that they were aware of their rights and felt that their rights were respected within the centre. Residents were facilitated to attend religious services in line with their preferences.

An advocacy service was available to the residents and residents were facilitated to use this service when required.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Flannery's Nursing Home OSV-0000341

Inspection ID: MON-0022789

Date of inspection: 14/10/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            We have reviewed our staffing levels. Recruiting staff continues to be challenging. We have amended our statement of purpose to reflect changes made.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            All staff have been provided with training appropriate to their role. Further training has been provided on Fire Safety and safe guarding. Further training has been provided on 13/11/19 last. Whilst we did not regard Dementia Care and Infection control as Mandatory, we have provided training to 14 of our 18 clinical staff members.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            We have now added in a "Recreation and Activity" care plan for all our residents. This is to enhance our documented "Life story" and "A key to me". Dependency levels are</p>	



assessed using the validated tool only.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: We have totally reviewed and updated our Statement of Purpose in line with guidance from HIQA	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: We have reviewed our Cleaning Policy. We have taken advice from our suppliers and are following procedures consistent with the standards for prevention of Control of healthcare associated infections as published by the authority.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have made arrangements for all our staff to receive training in fire prevention and emergency procedures, including evacuation procedures. Further training was provided on 13/10/19.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:	

We have reviewed our documentation of individual assessments and care plans. All residents are assessed prior to admission and care plans are developed within 48hrs in participation with the resident and/or family member. We continue to update 4monthly or as the need arises or changes to personal needs/circumstances. We refute that we are not compliant in this regard as all care plans are in place.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	01/01/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	13/11/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	18/11/2019

Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	18/11/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	14/11/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	16/11/2019
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health	Substantially Compliant	Yellow	16/11/2019

	care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	16/11/2019