

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Flannery's Nursing Home
Centre ID:	OSV-0000341
Centre address:	Chapel Road, Abbeyknockmoy, Tuam, Galway.
Telephone number:	093 43 130
Email address:	mary@flannerynursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Flannery's Nursing Home Limited
Provider Nominee:	Kathleen Flannery
Lead inspector:	Geraldine Jolley
Support inspector(s):	PJ Wynne
Type of inspection	Announced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	24

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 December 2016 09:30 To: 07 December 2016 18:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially 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	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
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	Substantially 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	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This inspection was announced and took place over one day. The purpose of the inspection was to inform a decision regarding the renewal of registration following an application made by the provider. The person in charge stated that she was committed to ensuring the centre was in compliance with current legislation and that residents were safe, well cared for and enjoyed life in the centre. The inspectors observed the delivery of care including social care and reviewed documentation such as care plans, accident/incident reports and policies and procedures. The

inspectors talked with residents, visitors, staff, the person in charge and her deputy. The premises layout, standard of maintenance and health and safety matters were also inspected.

Flannery's Nursing Home is a purpose designed single storey building set in extensive mature grounds in a rural location in Abbeyknockmoy. It can accommodate 61 residents. The building is a modern design and the environment was noted to meet residents' needs and enhance aspects of care practice. There were several communal sitting areas located at varied points around the centre. These were noted to be well used by residents throughout the day. There was a large dining room that enabled residents to sit together in comfort and to share mealtimes. The centre was attractively decorated, comfortably furnished and all areas were well maintained. The standard of cleanliness and hygiene was good and no premises hazards were observed when the inspectors viewed the building. There were assisted toilets adjacent to the communal rooms. The centre has 33 single bedrooms and 14 double rooms. These measure 18 square metres and 21.5 square metres respectively. Residents told inspectors that they liked their rooms, the privacy they provided and said they were able to have some of their own personal effects on display without causing any obstruction or difficulty when moving around. One resident said " I have my own belongings with me and I can see them every day which is a comfort to me". Another said that " I have a lovely view of the gardens and see the changes over each season".

The inspectors spoke with residents individually during the course of the day and other residents provided written feedback about the service. All residents described the service in positive terms. Staff were described as "always on hand at the end of the call bell" and were valued for their attitudes which was described as "attentive and cheerful" and " committed and knowledgeable". Residents said that they felt safe and their comments on safety included, "the building is secure and there are plenty of safety features", "it is well laid out and well maintained" and " we never feel we are alone, staff are always on hand when we need them".

The food was described as "good home cooking" and residents said that "there is always a choice" and one said that "an alternative will be made if I don't like what is prepared". Residents also said they were free to spend time as they wished knowing that staff were available when needed. They enjoyed the activities which were varied and included visits from a therapy dog and baking.

Care, nursing staff and ancillary staff were able to describe their roles and responsibilities and conveyed a good understanding of residents' needs, wishes and preferences. There was good emphasis on providing support to residents to maintain their independence and the inspectors saw examples of how this was achieved in care plans and in day to day practice. For example, residents were actively encouraged to walk around and staff were observed to prompt residents to walk to and from the dining room and up and down the hallways. Residents were also supported to do as much as possible for themselves and were encouraged to undertake aspects of personal care and dressing. Residents had good access to primary care services that included doctors and allied health professionals. Care plans outlined health care needs and were based on a range of evidence based

assessments. The inspectors found that the actions in relation to health care outlined in the last inspection had been addressed but there was a need to describe the problems that prompted admission particularly when there were social circumstances of concern to enable care interventions to be planned effectively and take such issues into account. For example, in situations where residents are admitted as a consequence of a crisis or because of social care concerns these should be outlined clearly so that staff can consider how best to meet residents' needs. Residents who had dementia were noted to be supported by staff who knew them well and who encouraged them to take part in activities and to recall past memories to preserve their sense of identity.

The person in charge and her deputy were able to describe residents' needs, how staff were deployed and demonstrated good knowledge of the legislation and standards throughout the inspection. Both were familiar with the legislative responsibilities of the person in charge. The inspectors found that compliance with legislation and commitment to supporting residents to have a good quality of life was a priority for all staff.

The responses to the action plans from the last inspection which was conducted on 3 August 2016 were reviewed. Three actions related to health and safety, three described deficits in health and social care documentation and remainder related to complaints documentation and staff availability to complete care plans. The majority of actions were addressed and the remedial actions taken are discussed under the relevant outcomes.

Inspection findings including non-compliances are discussed in the body of the report and are the areas that require attention are outlined in the action plan at the end of the report. Among the areas noted to require attention include: improvements to the record of fire safety checks as the record did not include all checks completed, revision of the risk management policy as it did not include information on all the required risk areas, training for staff on responsive behaviours and admission documents required more detail to inform care plans when social care problems precipitate admissions.

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 described the service provided in the centre and the arrangements in place reflected the aims and objectives as described. A copy of the statement of purpose was available in the centre and an up to date copy had been forwarded to HIQA. This was found to require amendment as it did not include the conditions of registration which is required information. The provider has outlined the intention to provide day care for two people.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The governance arrangements in place reflected the information supplied in the Statement of Purpose. The provider who is also the person in charge has an established

structure for the management of the centre. She is supported by a director of nursing who has been in this role since July 2016. The lines of accountability and authority were evident in the centre. Staff were aware of who had responsibility for various aspects of the service and the inspectors found that there was a good communication network between the provider/ person in charge, her deputy and the staff team.

The inspectors found sufficient resources were in place to ensure that the delivery of care and the business of the centre met appropriate standards of quality and safety. Systems were in place to ensure that the service provided met residents' needs, was safe, effectively managed and monitored. The health and safety arrangements were found to be satisfactory with good standards of cleanliness and hygiene in place, fire safety measures were found to be of a good standard and staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres and in relation to infection control.

There were adequate resources available to meet the needs of residents in relation to staff, staff training, equipment and ancillary services to ensure appropriate care was delivered to residents. The provider said that she matched the number of residents accommodated to the skill mix of staff available and took care to manage this effectively. For example the number of residents accommodated was below the registered number as there had been departures of care staff and new staff were in the process of being recruited. There was a plan for refurbishment and redecoration and all areas viewed were found to be in good condition, decorated to a high standard and attractively furnished.

The quality of care and experience of residents was reviewed regularly. There were two ways that residents could convey their views on the service either through the residents' forum that met regularly or through the residents' satisfaction survey. Residents told inspectors that said they discussed a range of topics during meetings and said that changes were made as a result of their comments and requests. For example, new activities were made available and changes to the menu made following comments from residents. Residents said that they were "listened to and encouraged to say exactly what they felt" and also said that staff were keen to ensure " we are happy and content".

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:

There was a residents' guide available and this contained the information required by the regulations. The arrangements for visits, the terms and conditions of occupancy, the services provided and the complaints procedure were outlined. Residents confirmed to the inspectors that they had received a copy of the guide at the time of admission and some residents showed inspectors the information and documents that had been supplied to them.

Residents accommodated on a long term basis had an agreed written contract. The contracts issued included details of the services to be provided, the type of room to be occupied and the fees payable by the residents. The services not covered by the overall fee that may be incurred by residents for example, chiropody and hairdressing were identified. The inspectors were told that the centre had a service level agreement with the Health Service Executive (HSE) for a number of respite care places. Contracts were not issued to residents admitted through this arrangement. The inspectors formed the view that information that described the services, facilities and charges that apply to all short term admissions in respect of the centre should be issued to residents.

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 who is also the provider was on duty throughout the inspection. She has a full time role that includes time spent in direct clinical care. She is a suitably qualified and experienced nurse. She assumed this role at the end of 2015 when the previous post holder left to pursue further study. She has managed the overall business for the past 10 years since she opened the centre. The inspectors interviewed her about her role and the organisation of the centre. She knew all residents well and had good knowledge of their care needs. She also had a good working knowledge of the regulations and HIQA standards that apply to designated centres for older people.

There was information available that confirmed that she had participated in continued professional development by acquiring advanced skills in wound care and venepuncture. Her training on the mandatory topics of moving and handling, adult protection and fire safety was up to date. Residents confirmed to the inspectors that they knew the person

in charge and said that they talked to her most days and would always be able to see her if they had problems or queries.

The person in charge is supported by a director of nursing. She commenced this role in August 2016. She was noted to have substantial experience in the care of older people both in direct care and in management. During interview she conveyed that she knew residents well. She was for example aware of specific clinical care matters and their management and the choices and preferences that some residents had made in relation to their lifestyle in the centre. She was responsible for ensuring complaints were addressed and there was information available to indicate that she addressed this area expediently and thoroughly.

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):

Findings:

There was a well-organised administration system in place to support the business of the centre including the maintenance of the required records, policies and procedures. Records were maintained in a secure manner and were easily accessible. The directory of residents was up to date and included the information required by schedule three of the regulations. There was a record of visitors to the centre and this was up to date and visitors were observed to sign in when they arrived.

There were some records that required improvement and these included, the record of position changes that were maintained when residents were vulnerable to pressure area problems did not convey that residents' positions were changed at the required intervals. Some were not fully complete and some indicated that position changes were delayed and not completed until 16:00 hours when due at 14:00 hours or not undertaken at all and some staff records had one reference not the required two references on file. The record of fire safety checks did not include the daily checks of the fire alarm and fire exits that ensured the system was operational and that all exits were fully accessible all the time.

Judgment:
Non Compliant - Moderate

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 / person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a continuous period of 28 days and also the notification that applied if the absence was the result of an emergency.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
Measures to protect residents from harm or suffering abuse were in place. The inspectors were satisfied that there were procedures in place that ensured residents were safe and had appropriate care. Residents' and relatives' feedback forms indicated that they felt the centre provided a home that was safe, secure and protected them from harm. For example a resident told an inspector that her "wish for privacy were respected and that staff were kind and caring when they attend to my needs" and another said that "staff check on us very regularly and visit us in our rooms during the

day". During conversations with the inspectors, residents said that they felt safe and said this was due to the care provided by the staff team and the presence of the person in charge. Residents spoken to also said " staff respond to call bells quickly" and "have time to listen when I want to talk".

Access to the centre was controlled and there was a reception area that was staffed during the day so that everyone who entered the building was known to be there in business or visiting a resident. There was a visitors' record that enabled staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be signed by visitors entering and leaving the building.

Staff had received training in adult protection and elder abuse to ensure they could safeguard residents appropriately and protect them from harm and abuse. Staff knew the range of abuse that can occur and could describe how they would report an abuse allegation or event. They knew that support to a resident in any abuse situation was critical for their well being. Relatives said that staff informed them promptly of any falls, injuries or changes in health needs that residents sustained.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm and not restricted inappropriately. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment and was regularly reviewed. The inspectors noted that restraints were appropriately notified in the quarterly notifications. There were 14 bedrails in use at night and the person in charge said that both she and the staff team had set a target for 2017 to gradually reduce bedrail use.

There were some residents with fluctuating behaviour patterns consequent to dementia or mental health problems. Staff could describe the interventions that they used to effectively address such behaviours. This included diversion type activity, one to one engagement and ensuring that trigger factors were minimised. Training on the management of responsive behaviours was noted to be required for staff that had been recruited recently in view of the changing needs of some residents. This is outlined for attention in Outcome 18-Staffing

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

Findings:

The health and safety of residents, visitors and staff was generally, promoted well in this centre. There was a risk management policy that was up to date and had been reviewed in July 2016. While this outlined a range of environmental, clinical and associated business risks such as those related to catering it required revision to include the specific risks outlined in regulation 26-Risk management. The risk management policy needs to include risks associated with aggression, violence, self harm, abuse and the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents to be fully compliant. Some of these risks were described in policies and procedures separate to the risk management policy.

Clinical risk assessments were undertaken for various risks that included vulnerability to falls, compromised nutrition and skin and pressure area risks. There were measures in place to prevent further risk and to detect change. For example when a fall occurred neurological observations were completed to monitor neurological function and to detect signs of deterioration expediently.

The inspectors reviewed practice in relation to health and safety procedures. They observed practice related to infection control, moving and handling manoeuvres and cleaning procedures to determine how health and safety was addressed in practice. The inspectors noted good practice in relation to infection control. Staff were observed to handle laundry safely and to use hand gels regularly as they moved around the centre. All staff the inspectors spoke to had appropriate knowledge on hand hygiene and the infection control measures in place. Training on this topic had been provided.

There was good emphasis on promoting independence and staff were observed to encourage residents to walk even for short distances and also to encourage other residents to walk for longer periods. There was equipment to support exercise and all residents had their own walking aids which had been assessed appropriate for their needs. There were moving and handling assessments available for residents with mobility problems. All staff had up to date training in moving and handling and in the use of hoists.

The inspectors viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was confirmed by staff. Staff spoken to knew what to do in the event of a fire. There were fire safety action signs on display with route maps to indicate the nearest fire exit however, the inspectors identified that fire action signs to guide staff on the immediate actions to take in the event of a fire alert were not adequately displayed throughout the building. The requirement to have appropriate evacuation measures in place was described in the last inspection report and had been addressed. Fire escape routes were also described on notices on the back of each door. Fire drills and fire training exercises were completed regularly and recorded.

Fire records showed that most fire safety and fire fighting equipment had been regularly serviced. Documentation confirmed that the fire alarm was serviced quarterly and the fire extinguishers serviced annually on a contract basis. Confirmation that the emergency lights had been checked and serviced during 2016 was not available. The inspectors found that all internal fire exits were clear and unobstructed during the

inspection. There were procedures to undertake and record internal safety checks of fire extinguishers, the fire panel and the fire escape routes. An action plan in the last report required that accessible information was available on residents' mobility and support needs in the event of an evacuation had been addressed. Personal information to guide staff in an emergency had been compiled.

Accidents and incidents were recorded and the details recorded included factual details of the accident/incident, date the event occurred, details of witnesses and whether the general practitioner (GP) and next of kin had been contacted. The director of nursing reviewed falls to ensure that prevention measures were put in place. The inspectors found that records included details of reviews and interventions by physiotherapists following falls and saw that mobile residents were advised about how they could improve their safety when walking around.

The provider has contracts in place for the regular servicing of all equipment and the inspectors viewed records that confirmed that equipment was serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs.

There were a sufficient number of cleaning staff available daily to ensure all areas were maintained in a clean hygienic condition. Separate sluice and cleaning areas were provided. Staff were knowledgeable about the use of hazardous substances and how they should be kept in a secure storage area when not in use. The inspectors observed safe working practices were in place and saw that cleaning products and materials were not left unattended.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
The inspectors found that staff had safe procedures to guide their practice in relation to medicines management. The nurses on duty were well informed about the procedures and the way they described how medicines were prescribed, stored, administered and reviewed reflected appropriate safe standards were in place. The medication administration records were clear and the required information including a photograph of the resident was available. Medicines that were no longer required or was discontinued was signed off to indicate the regime was complete. The inspectors found

that resident's medicines were reviewed regularly by doctors. A blister pack dispensing system was in use. Safe storage arrangements were in place and medication trolleys were locked and stored securely.

An action plan in the last report described where medicines in use was transcribed by nurses but not signed in accordance with professional guidelines had been addressed.

Medicines that required special control measures were appropriately managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

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:
The inspectors reviewed the record of incidents and accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. The inspectors found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

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

Findings:

There were 37 residents accommodated on the day of inspection. A third of residents had been assessed as having maximum or high level care needs, 17 had medium level needs and 9 were assessed as low dependency. Approximately half of the resident group had problems associated with confusion or dementia. There were some residents under the age of 65 who had problems related to intellectual disability, mental health or social care problems. The inspectors found that residents were appropriately assessed, monitored and that their health and social care needs were met to a high standard. Residents and relatives confirmed this finding and commented that there was good access to doctors and other professionals and that there was a varied social programme with activities that all residents could take part in available regularly.

The inspectors saw that residents' received prompt attention when they requested help or activated call bells and staff were observed to undertake care activities in a manner that promoted dignity and protected privacy. There were comprehensive nursing assessments completed when residents were admitted to establish their health and social care needs, as well as determine areas of risk. A range of validated assessment tools were used to assess skin condition, risk of falls, vulnerability to developing pressure area problems and nutrition needs. An assessment of memory and cognitive ability was also completed.

The assessments completed were used to develop care plans that were person-centred, individualised and described the care to be delivered. Care plans were found to provide good guidance for staff on the care to be delivered and were updated at the required four monthly intervals or when there was a change in a resident's health condition. There was evidence of consultation with residents or their representative in care plans reviewed. Residents' and relatives' feedback conveyed that they were consulted about care plans and were given the opportunity to contribute their views when care plans were reviewed. An action plan in the last report outlined that reviews were not adequately detailed and did not provide an overview of progress since the previous review. This action was addressed and the inspectors found that the details recorded provided an overview of residents' health and well being and reflected changes since the last review.

A further action plan in the last report described the need to outline how dementia impacted on residents' day to day lives and this had been addressed by the completion of Key to Me documents that outlined residents' backgrounds, interests and the activities that residents could undertake and enjoy. Relatives had contributed to the completion of this information and staff said that their contributions had helped them understand residents' needs in a more personal way.

Four resident's care plans were reviewed. The inspectors noted that there was appropriate detail recorded about mobility needs and requirements in relation to assistance with movement and transfers. Wound care problems reviewed related to circulatory and venous ulcers. There were care plans in place that outlined the care to be delivered. The wound care records included measurements, evaluations and

comments on the condition of wounds. The director of nursing had attended a training course on wound management and expert advice from a tissue viability consultant was available from the acute hospital when required.

Staff conveyed good knowledge of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. Residents told inspectors that they had "real choices and that staff respected when they changed their routines". The inspectors saw evidence that the ethos of person centred care was promoted. Residents were observed to get up at times of their choice and they were free to remain in bedroom areas or go to the communal rooms. The sitting areas and dining room were well supervised and the inspectors saw that staff were available to talk to residents and help them get comfortable when they came into communal rooms.

Residents had access to GP services and records showed that GP's visited the centre to review medications and to respond to changes in health care. Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists was available.

There were processes in place to ensure that when residents were admitted, transferred or discharged from the centre, relevant and appropriate information about their care and treatment was compiled and shared with other services however some improvements were needed in this area. The inspectors found that where residents were admitted because of complex social problems, more information was required to ensure staff were adequately informed of potential risks.

Residents had opportunities to participate in activities that were interesting and stimulating and which suited their needs, interests and capacities. There was a varied social programme which was supplemented by external facilitators such as the therapy dog owner. Residents expressed satisfaction with the opportunities they had to enjoy activities such as discussions, bingo, story-telling, singing and baking. They said the activity programme is changed in response to their opinions. Some residents had asked to go to Mass and this had been organised and others who had requested to go out to shops had also been enabled to do this.

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):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was suitable for its stated purpose and the facilities met residents' individual and collective needs in a comfortable and home like manner. The centre is a modern well designed building that has several features that enhance care practice and takes account of residents' needs and abilities. It is bright with plenty of light in all areas. Communal rooms are spacious and well furnished to ensure comfort and safety. There were a number of communal sitting areas that residents could use during the day. The inspectors saw that residents were free to access communal rooms of their choice and that they used various areas to read quietly or to take part in activity.

Hallways are wide and have handrails that are clearly visible. There were appropriate shower and toilet facilities to meet the needs of dependent persons and there was a range of specialist equipment available.

The building was well maintained, warm, decorated in a comfortable home like style and was visibly clean. The dining room is located centrally and laid out in a way that contributed to the meal time experience. It was noted to be well used at all meal times. Other facilities include a visitors' room, office space, a large catering kitchen, a laundry and a quiet area for reflection or prayer. There are toilets located close to day rooms for residents' convenience.

The centre has 33 single bedrooms and 14 double rooms. These measure 18 square metres and 21.5 square metres respectively. Bedrooms were well equipped and had suitable storage for personal effects. There were comfortable chairs available so that residents could entertain visitors in their rooms if they wished. There was a call bell system in place and this was accessible by beds and in ensuite facilities. Suitable lighting was provided and light switches were within residents' reach. Staff facilities were provided with separate provided for care and kitchen staff to meet environmental health requirements and infection control standards.

There was one non-compliance in relation to the premises identified in that in one area of the building, rooms 28-30, the hot water presented a hazard as it was excessively hot.

Judgment:

Substantially 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):

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

Findings:

There was a complaints process in place and a complaints record that met the requirements of regulation 34-Complaints procedures was available. There were two actions outlined in the last inspection report in respect of complaints procedures. These had been addressed. The complaints procedure was on display in the dining room and on the main notice board where general information was displayed. The outcome of complaints and if the complainant was satisfied was described in the record.

The person in charge and her deputy said that they addressed issues of concern within short time frames and records confirmed this. A review of complaints had been undertaken to prevent similar issues being raised again. The procedures followed in respect of three complaints were reviewed, The inspectors found that the established procedures had been followed, that the response had been timely and that the outcomes had satisfactorily addressed the complainants concerns.

Residents that inspectors talked with said they were aware of the process and identified the person in charge or her deputy the persons they would approach whom they had an issue of serious concern otherwise they would go to any member of staff. There was information available on the issues that can be dealt with by the Office of the Ombudsman and the contact details for that office.

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:

The inspectors found that there were policies and procedures in place to ensure residents would receive a good standard of end-of-life care which was person centred and respected their values, preferences and spiritual beliefs. Care plans were in place that described the views and wishes of residents in relation to their end-of-life care,

where it had been possible to discuss this aspect of care.

At the time of the inspection no residents were receiving end-of-life care. Staff told the inspectors that palliative care services were available and that advice could be obtained in a timely way when required.

Residents' cultural and religious needs were identified and addressed. There was space where residents could say prayers or spend time quietly. Mass was celebrated in the centre regularly, and residents who wished to receive communion or the Sacrament of the Sick were facilitated to do this regularly.

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:

The inspectors reviewed the menu and food choices available to residents daily. The inspectors spoke to the chef who conveyed a thorough knowledge of residents' preferences and specialist dietary requirements. He confirmed that choices of main meals were provided daily and that cooked options were available at all meals. There were nutritious snack options available between meals to ensure adequate calorie intake for residents on fortified diets and low calorie options for residents on reducing diets.

The inspectors saw that meal times were well organised with plenty of time allowed for residents to enjoy each meal time. The dining room was attractively furnished with a good allocation of space between tables so that residents could move around and use their mobility aids and wheelchairs in comfort. Almost all residents could eat independently and go to the dining room for main meals. Residents who required assistance were noted to have appropriate staff support that was enabling and discreet. Residents told inspectors that the standard of catering was very satisfactory. One said "there was no problem with the food, it's always good and tasty", another said "the chef will make whatever we want at any time" and said "there are choices for every meal and it is good home cooking".

Nutrition assessments were completed to inform staff of nutrition concerns and risk factors. The results were to inform care plans and dietary intake. There was access to

allied health professionals for residents who were at risk of poor nutrition or where respiratory or choking problems were evident. There was regular monitoring of residents' nutrition intake and weights were recorded and reviewed each month. Those at risk of weight fluctuations were referred for specialist advice.

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:

The inspectors found that residents were respected, that their individual characteristics and choices were known to staff, and that they were treated in a respectful and dignified manner by the staff team. There was evidence of good communication between residents, the staff team and relatives. Residents said they had a choice about how they spent their day and could choose whether to join in the scheduled activity or spend time in their room or quietly away from the activity. There were a range of communal areas to facilitate these choices.

The centre had a varied range of activities available throughout the week. Activity staff were employed to ensure that all residents were supported and enabled to participate in the social opportunities available. The inspector found that staff were well informed about activity options that were of interest to residents, and also the options most suited to residents with dementia, mental health problems or learning difficulties. Regular activities included quiz games, discussions, knitting and singing. Group and individual activities were organised and the inspector was told that adjustments were made when residents decided they would like a change and to meet the needs of new residents. Residents told an inspector that they particularly enjoyed the baking group as it allowed them to do something they were familiar with and also to recall what they baked when at home and the role home baking had in past times.

There are regular visits from therapy dogs and residents said this was very popular. Trips out to local hotels, to do shopping and to visit places of interest are also organised for small groups. Residents were also supported to attend a range of family events that included weddings, birthday celebrations and anniversaries. Residents had expressed a

wish to go to the local church to Mass and the inspectors were told that on the days residents wished to do this transport was organised.

Residents were able to organise their rooms as they wished and there was space to have a good range of personal items on display. Many residents were noted to have brought in books, ornaments and paintings from home to personalise their rooms. Rooms had spacious ensuite areas where residents could keep toiletries. There were large mirrors in all bedrooms and residents could see the outdoor areas and surrounding countryside easily when sitting by windows.

A closed circuit television system was in place throughout the centre including in communal sitting and dining areas. While there was signage that indicated that this equipment was in place the inspectors formed the view that the signage should be more explicit to ensure residents were fully aware of it's use and could choose to move to other areas to undertake activities in private if they wished.

Judgment:
Substantially 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:
Residents had adequate space to store their belongings, including secure lockable storage. Each room had wardrobe areas, chest of drawers and bedside cabinets. The centre provided a laundry service for residents' clothes or families could choose to take home clothes to wash if they wished.

A staff member was assigned to the laundry each day. The standard of clean clothing and laundry was noted to be good with items well pressed and folded neatly before they were returned to residents. A property list was completed with an inventory of all residents' possessions on admission. There was a system in place to label clothing to prevent loss. A button with the room number was discreetly placed on clothing items. Residents said that the system worked well and there were very few problems with mislaid items.

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):

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

Findings:

The inspectors found that staff numbers and skill mix available during the day and at night could meet the needs of residents appropriately. All nurses on duty were on the active register for 2016. At the time of the inspection, the person in charge and the director of nursing were working some day and night shifts to cover any unexpected shortfalls that arose. An action plan in the last report required that an appropriate skill mix of staff was available to ensure care plans were appropriately maintained as deficits were found in the care plans reviewed. The inspectors found that appropriate staff allocations were in place to address the business and administrative needs of the service. The employment of the director of nursing to support the person in charge and to oversee care practice had contributed positively to the staff team and the oversight she provided ensured that care plans and other records largely met legislative requirements.

The inspectors reviewed staffing levels and discussed the staff allocation with the person in charge and the director of nursing. They described how they allocated workloads and determined staffing requirements. The person in charge said that admissions were limited and kept below maximum capacity if staff numbers and skill mix was not adequate to meet the needs of residents in a comprehensive way. There was a clear staff structure in place. A senior carer was on each day shift to supervise the day to day interventions and report directly to nurses. Their role included direct care to residents, ensuring that residents had their needs met according to the preferences described in care plans and ensuring appropriate standards of cleanliness were maintained.

Staff conveyed positive attitudes about their roles caring for older people and conveyed clearly that any areas of concern in relation to resident's care would be highlighted to the person in charge or her deputy. The inspectors carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff were well informed about the actions they should take and conveyed positive attitudes towards the care of older people. Staff told the inspectors that they were well

supported, that a good team spirit had been developed and that senior staff provided good leadership and guidance.

New staff had a formal period of induction to help them become familiar with residents, the overall routine of the centre and the layout of the premises. There was a training programme in place and the inspectors found that staff were up to date with training and information on the mandatory topics of fire safety, moving and handling and adult protection/elder abuse. The inspectors found that while training on responsive behaviours had been completed by some staff, all staff required training on this topic to effectively meet residents' needs particularly dementia care needs and mental health problems.

Judgment:
Substantially 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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Flannery's Nursing Home
Centre ID:	OSV-0000341
Date of inspection:	07/12/2016
Date of response:	08/02/2017

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose required review as it did not include the conditions of registration.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

The Statement of Purpose has been updated to include the conditions of registration.

Proposed Timescale: 01/03/2017

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:

Residents admitted to the centre for respite care or periods of short term care did not have contracts that described the terms of admission.

2. Action Required:

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:

A new contract of care has been issued to all short term residents which outlines the terms on which that resident shall reside in our home.

Proposed Timescale: 01/03/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The record of position changes that were maintained when residents were vulnerable to pressure area problems did not convey that residents' positions were changed at the required intervals. Some were not fully complete and some indicated that position changes were delayed and not completed until 16:00 hours when due at 14:00 hours or not undertaken at all.

Some staff records had one reference not the required two references on file.

The record of fire safety checks did not include the daily checks of the fire alarm and fire exits that ensured the system was operational and that all exits were fully accessible all the time.

3. Action Required:

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

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

All documentation has been reviewed and updated. Staff are aware of the need for accurate recording of information in a timely manner.

An Audit of the staff files has been completed and staff files have the required documentation to be held in respect of each member of staff in accordance with Schedule 2.

A new fire safety record book has been sourced which includes the daily checks of the fire exits and fire alarms. Records are kept to comply with the standard.

Proposed Timescale: 01/03/2017

Outcome 08: Health and Safety and Risk Management**Theme:**

Safe care and support

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

The risk management policy did not include risks associated with aggression, violence, self harm, abuse and the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents to be fully compliant.

4. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

Flannery Nursing Home risk management policy has been reviewed and updated.

Risk assessments have been completed on aggression, violence, self harm, and abuse using the Risk assessment tool (Australian New Zealand standard).

All risks are discussed at staff meetings and action plans put in place.

Proposed Timescale: 01/04/2017

Theme:

Safe care and support

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

Confirmation that the annual service of the emergency lights had been completed

during 2016 was not available.

5. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

Confirmation that the annual service of the emergency lights has been received and certificate is available on file.

Proposed Timescale: 01/03/2017

Theme:

Safe care and support

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

Fire action signs to guide staff on the immediate actions to take in the event of a fire alert were not adequately displayed throughout the building.

6. Action Required:

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

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

Fire Action signs are now strategically placed throughout the building to guide staff.

Proposed Timescale: 01/03/2017

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:

The inspectors found that where residents were admitted because of complex social problems that more information was required to ensure staff were adequately informed of potential risks.

7. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

A comprehensive assessment is completed prior to admission to our home. Care plans are developed based on the assessed needs of each resident.

We will endeavour to get more details for respite residents.

Proposed Timescale: 01/03/2017

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:

The hot water outlets in one area of the building, rooms 28-30, presented a hazard and required review to ensure hot water was dispensed at a safe temperature.

8. 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:

A new Circulation pump has been fitted with cut off valves to each tap to comply with the required standard.

Proposed Timescale: 01/04/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Provide adequate signage to alert residents and others to the presence of the closed circuit television system so that they can choose where to spend time in private if they wish.

9. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Extra signage is on display throughout the building to alert residents and visitors regarding the CCTV.

Proposed Timescale: 01/04/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

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

Staff required training on responsive behaviours to ensure they could effectively meet the needs of residents with mental health problems and dementia.

10. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Training has been arranged on Dementia Care – Enhancing and Enabling Wellbeing for the Person with Dementia. 2 day programme.
8th and 28th Feb. - 22nd Feb and 9th Mar. - 2nd and 16th May. And 7th and 21st June. 2017.

Proposed Timescale: 01/05/2017