

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Little Flower is a purpose-built facility for 50 residents. There are 20 single bedrooms and 15 double bedrooms, the majority of which are on the ground floor. Some rooms have en suite facilities. The centre provides long term, convalescence, palliative and dementia care to persons under and over 65 years of age. It has been in operation since 1989.

There is a spacious and bright dining room, one large and one small sitting room and a large conservatory area at the entrance of the centre that provides a pleasant space for residents to sit. It is brightly decorated and has plenty of comfortable seating.

Externally, there is an enclosed garden with patio areas to the front and rear of the centre. There is adequate parking at the front of the building.

The Little Flower Nursing Home states that it is committed to providing the highest level of person-centred care, within a safe and friendly home and assisting residents to reach and maintain their greatest practicable level of physical, mental, spiritual and social well-being.

Location

The Little Flower is situated in the village of Labane, Ardrahan, 200 metres off the main Galway-Limerick road and 15 miles from Galway city.

Date centre was first established:	1989
Number of residents on the date of inspection:	43 (+2 in hospital)

Dependency level of current residents	Max	High	Medium	Low
Number of residents	15	21	9	0

Management structure

The provider is also the person in charge and she is supported by the assistant person in charge, seven registered general nurses and 19 care assistants.

Summary of findings from this inspection

The inspection was announced and Little Flower Nursing Home was found to be largely compliant with the Health Act 2007 (Care and Welfare in Designated Centres for Older People) Regulations 2009 and the *National Standards for Residential Care Settings for Older People in Ireland*.

Inspectors spoke with residents, relatives, staff members and the person in charge. The person in charge had completed a pre-inspection questionnaire and the information in it informed the inspection process. The inspectors observed practice throughout the day and read a number of documents, including policies and procedures.

The inspectors found the centre to be well-managed and organised, with up-to-date policies and procedures in place. The staff were skilled and trained to meet the changing needs of the residents. The centre provided a high standard of person-centred care in a warm and comfortable environment. Residents were well-groomed and well-dressed. The atmosphere throughout the centre was homely and relaxed and routines were tailored to meet resident needs.

The residents benefited from a high standard of nursing care, a general practitioner (GP) service and support services, such as chiropody and physiotherapy, as required. Residents and relatives were involved in the formulation of care plans.

Inspectors found the premises, fittings and equipment to be clean and well-maintained. Inspectors viewed plans for immediate upgrading of the sluice room, cleaning room and the provision of a staff changing area.

There were some improvements required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. These include a review of medication administration and upgrading of the sluice room area.

Residents' and relatives' comments

Inspectors spoke with a number of residents over the two-day inspection period. Twenty-three resident questionnaires and five relative questionnaires were completed prior to inspection.

Residents

All residents reported a high level of satisfaction with their lives in the centre. They said they felt cared for and supported in maintaining their independence. Residents told inspectors that the food was excellent, with choices being offered for all meal times.

Resident made the following comments:

- "Everyone gets good attention here"
- "I feel safe because I know the place is well run and there's plenty of staff"
- "I love it here because I have plenty of company"

- "The food is good, they care for me and keep me independent"
- "The staff always knock on my door they are very polite"
- "The place is beautiful and I love the art classes"
- "There is a very good service here and my doctor visits me often"
- "I wouldn't leave this place for love nor money".

Relatives

Relatives that were spoken with praised the nursing home for its commitment to the wellbeing of the residents. They said that the person in charge ensured that the residents had everything that they needed. One relative said: "she goes above and beyond her call of duty".

Relatives confirmed that they always feel very welcome at the centre and could visit at any time. They said that they could access information at any time from the person in charge or from any member of the nursing staff. They described the staff as being very professional, well trained and caring.

Relatives were very complimentary about the recreational and leisure opportunities available to residents, and commented on this in completed questionnaires and individual interviews.

Relatives said that they had welcomed the opportunity to visit the centre and have any questions answered prior to their relative's admission.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The provider/person in charge demonstrated good knowledge of the Health Act 2007 (Care and Welfare in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* when talking to inspectors.

There was a defined management structure that identified the lines of authority and accountability. The assistant person in charge deputised in the absence of the person in charge. Staff members who were interviewed said that they had always felt well supported by the person in charge; they said that she was always willing to listen to their views and suggestions. The person in charge demonstrated strong leadership and a “hands on” approach and daily involvement in the running of the centre. The centre’s goals and vision had been developed in consultation with residents, relatives and staff members. In discussions with inspectors, staff demonstrated a good understanding of their roles and responsibilities and confirmed that they enjoyed working at the centre.

There was a clear statement of purpose and function that accurately described the service provided within the residential care setting and the manner in which it was provided. The centre’s philosophy was clearly stated in the residents’ information guide and was posted at the main entrance to the centre.

A number of documents were reviewed as part of this inspection. These included the directory of residents, the residents’ guide, the centre’s insurance certificate, personnel files, staff training and education records, duty rosters and the fire training register. All required documents were up-to-date and in place as per schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2009. Records were well maintained and stored in a way which protected confidentiality, but ensured that information was accessible when required.

The person in charge was acutely aware of the rights of the residents and had recently advocated for one of the residents, when an outpatient’s appointment

(ophthalmology) had been repeatedly cancelled by the hospital. The pre-inspection questionnaire identified a number of residents whose financial affairs are being managed by the person in charge. These were examined by inspectors and it was deemed that this was being done in a safe, secure and transparent manner.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Privacy and dignity

Inspectors observed that the staff members promoted the residents' privacy. Staff members knocked on doors and waited for permission before entering bedrooms. Doors were closed and curtains were fully drawn when personal care was being delivered. Inspectors observed the manner in which residents were addressed by staff to be appropriate and respectful. The staff spoke to residents individually in a clear manner, which assisted those with hearing impairments.

Residents had access to a telephone for use in private. Inspectors observed residents' mail being distributed promptly by the person in charge and staff members assisted residents to read mail if they requested it. The residents confirmed that they had lockable storage space in their rooms to store their private possessions.

Meals and mealtimes

There were two lunch sittings. The choice, quality and presentation of meals were of a high standard. Inspectors observed residents having their dinner in a bright and relaxed environment. The dining room tables were dressed with red and white tablecloths and each table had a good supply of condiments, drinks and an attractive centrepiece. Residents confirmed their enjoyment of the food. One resident said "The food is always lovely. You can get what you want and as much as you want". Meals were unhurried and were a social occasion; staff used this opportunity to communicate, engage and interact with the residents.

Inspectors were impressed to observe staff encouraging independent dining by offering individual assistance to residents discreetly and sensitively.

Opportunities for fulfilment and engagement

Most residents had maintained good contact with their family and friends and this was encouraged and facilitated in the centre. Residents could receive visitors in private if they wished and there was no restriction on visiting times. The only exception to this rule was at mealtimes, unless the visitor was assisting their relative with their meal.

Inspectors observed a social and recreational programme including the Sonas programme (a programme used with people with cognitive impairment), music, song, dance, bingo and arts and crafts. Residents were proud of their art work and it was displayed on the walls throughout the centre. The music was mainly provided by local musicians who visited the centre on a weekly basis and for birthday parties.

On the first morning of inspection, the activity coordinator was providing a Sonas session for a more dependent group of residents. The inspectors were impressed by the way in which the coordinator supported and stimulated the residents to engage fully with the sensory programme through talking, singing and the use of percussion instruments.

Residents had access to radio and television programmes and a notice board displaying information on local and other events. Parties and celebrations were a common feature of the centre. Families are invited to celebrate birthdays and other occasions within the centre. A small number of residents enjoyed planting and watering activities in the gardens and in the polytunnel, growing a variety of fruit and vegetables.

Rights

Residents of all denominations could freely practice their religion. The priest called to the centre each Thursday to celebrate Mass. The centre had audio links to the local church and residents could listen in to all church ceremonies, including weddings and funerals.

Recently, a residents' forum had been set up in the centre. The forum, which was chaired by one of the care assistants, was mainly made up of more independent residents. Inspectors interviewed a relative who was a former health care assistant at the centre. She had agreed to join the forum on behalf of more disabled persons and persons with a dementia. Inspectors observed a complaints/suggestion box in the centre and residents who spoke with inspectors confirmed that they knew who to talk to and how to make a complaint.

Residents confirmed that they were able to live in a manner akin to their own home. They said that the daily routines of the residential centre, including mealtimes and bedtimes, were tailored to suit their needs. Residents were able to bring in their favourite possessions including TVs, chairs, blankets and other personal items. Many residents were observed in the sitting room area with their own newspapers, books, handbags and religious items around them. Residents told inspectors that they looked forward to the hairdresser visiting the centre every Monday, Wednesday and Friday. The hairdresser provides a full range of hair care services to residents.

Some improvements required

Inspectors viewed laminated lists of resident's names and special dietary requirements attached to the side of the heated trolley in the dining room area. Such arrangements did not respect the residents' privacy.

3. Healthcare needs

Outcome: residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

All residents have an individualised care plan in electronic format which had been developed and agreed with the resident and the relatives. The care plans were comprehensive, contained assessment findings and set out in detail actions to be taken by staff to ensure that all aspects of the health, personal and social care needs of residents were met. Care plans were updated on a three-monthly basis and more frequently if required. Risk assessments were carried out prior to and following admission and on an ongoing basis thereafter, for moving and handling, pressure sores, nutrition and falls.

The centre provided opportunities for residents to pursue healthy lifestyle choices and recreational activities. Health was promoted by a healthy diet and regular monitoring of each resident's health status. A variety of drinks were freely available and accessible to residents throughout the day. Each resident had the use of a small fold-up table for drinks, newspapers and personal effects, whilst in the sitting room.

Residents had regular access to GP services. Most residents had continued to use their own GP service and residents stated that this was very important to them. There was also an out-of-hours medical service available, as required. Regular entries were made in the medical files by visiting doctors. Medications were subject to review at three monthly intervals and more frequently if there was a significant change in the resident's condition.

The centre had effective infection control policies and practices. Alcohol rub and hand-washing facilities were prominently placed throughout the centre and there was

a blood spillage kit available. There was appropriate signage ensuring awareness in relation to H1N1 virus protective measures.

Support services, such as physiotherapy, occupational therapy and speech and language services, were available through a referral process by the GP. Residents who presented with swallowing difficulties were referred to the swallow clinic. Residents had regular reviews of their sight and hearing.

Significant improvements required

An inspector accompanied a nurse on part of an afternoon medication round and observed that one of the residents did not swallow her medication and this had not been observed by the nurse. While assisting the residents to take medication, inspectors observed that the drug tray was left unattended for a brief period of time. Inspectors also observed a small number of medications on a tray in the medication press which had been prepared by the night staff for the day staff to administer. This was contrary to An Bord Altranais guidelines and posed a potential risk to residents.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The premises was very bright, airy, comfortable and welcoming with pictures, paintings and pieces of poetry displayed throughout the centre. The enclosed gardens were attractive, suitably furnished and well-maintained. The entrance to the centre was through a large foyer/conservatory which is brightly furnished with sofas, arm chairs, a fish tank and colourful paintings on the walls.

Day rooms

The main sitting room was divided into two by the furniture arrangement and had a large open fire. The residents told inspectors that they liked the fire lit regardless of the weather because it felt and looked homely; some of the residents added fuel to the fire throughout the day. There was a fire guard surrounding the fire ensuring safety.

There were two drinks dispensers in the room and residents were observed helping themselves to a drink throughout the day. The small day room was very bright and well-furnished with a round table and comfortable chairs. There was direct access to the garden area from this room. There was a smoking room adjacent to the main sitting room, which was well-ventilated.

Kitchen

The kitchen was clean, well-equipped and well-maintained. There was a food store with adequate supplies. The inspector was offered a white coat prior to entry and there was a "no entry" policy to the kitchen except for food workers. All kitchen staff had completed food safety training.

Bedrooms

Bedrooms were well-decorated, had attractive furnishings and were well-maintained. Most of the residents had personalised their bedrooms with furnishings, pictures and religious items. A call system with an accessible alarm facility was provided to each resident in their bedroom. Residents expressed satisfaction with their accommodation.

Laundry

There was a laundry staff member on duty seven days a week. The laundry room was large and well equipped. There was clear segregation of clean and dirty laundry. All clothing was carefully washed according to the instructions and most woollens were hand washed. Clothes were tagged discreetly. There was an outside line for clothes drying.

Hygiene and cleaning

The premises were clean and odour-free. There was a cleaning schedule in place. Inspectors observed household staff dusting, cleaning and washing floors, walls and equipment throughout the two-day inspection. Infection control guidelines were in place and being followed by staff.

Adequate storage space was provided ensuring that equipment and assistive devices were stored safely.

Some improvements required

The visitors' room was well decorated and furnished but did not have any ventilation.

The sluice room required upgrading. The paintwork, floor and fittings were in poor condition. There was a bedpan washer; however, soiled bedpans were stacked in the sink on the afternoon of the second day of inspection.

The cleaning room, where cleaning materials and equipment were stored, was in the same area as the sluice room. Inspectors observed cleaning products stored on an open counter area. The centre did not have a staff changing area.

The person in charge recognised the need to upgrade the above facilities. She provided inspectors with the plan to rebuild, separate and fully upgrade the sluice room and cleaning area.

5. Communication: information provided to residents, relatives and staff

Outcome: information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors observed good communication between staff, residents, relatives and managers. Residents and relatives reported feeling welcome and involved with aspects of the running of the centre. Residents, relatives and staff members confirmed that they could meet with the person in charge at any time and described her as being approachable and always welcoming suggestions to improve the quality of life of the residents. Communication with the resident began at the pre-admission stage, which supported a smooth transition, admission and the settling-in process.

Communication links throughout the centre were good, ensuring continuity of care. Handover reports are carried out at the change of each shift. Care assistants were allocated to specific residents on a daily basis and their work practice was supervised by the staff nurse. Staff nurses reported to the person in charge at regular intervals throughout the day and if the person in charge was away from the centre she ensured that she was always contactable by phone.

There was good communication links between nursing and kitchen staff. Nursing staff provided up-to-date information, both verbally and in writing, to kitchen and catering staff in relation to the dietary and nutritional needs of residents. A colourful and comprehensive centre brochure and information guide was available to residents and relatives.

All staff interviewed displayed good knowledge of the centre's policies and procedures and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

All required written operational policies and procedures were in place and centre-specific. Records were updated in good order and secured in a safe place.

Some improvements required

The centre provided a daily menu, but this was not displayed in a suitable format or in a place where residents could see it.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Residents and relatives spoke positively of staff and indicated that they were caring, understanding and responsive to their needs and always treated residents with respect.

The person in charge managed the staff rota and ensured that the numbers and skill mix of staff were appropriate to the assessed needs of the residents. The person in charge informed inspectors that staffing could be increased, depending on resident needs.

All staff interviewed by inspectors said that they enjoyed their work and had a good knowledge of their roles and responsibilities. They said that they felt valued as team members. Staff were happy with their opportunities for professional development within the organisation and had attended a variety of educational programmes. Training records viewed by inspectors confirmed the provision of ongoing professional development. Most staff had completed Elder Abuse training. Kitchen and catering staff had completed training on Hazard Analysis Critical Control Point (HACCP). Most care assistants had completed Further Education and Training Award Council (FETAC) Level 5 training.

A recent staff appraisal policy and practice has been introduced into the centre. Each staff member had been through this process recently. Inspectors viewed a number of these appraisals and felt that the format was comprehensive and provided the staff member with good feedback and opportunity for development.

There was a defined human resource policy in place, based on current legislation and best practice and Garda Síochána vetting was in progress. There was a comprehensive induction and mentoring process for new staff.

Report compiled by

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16 October 2009

Action Plan

Provider's response to inspection report

Centre:	Little Flower Nursing Home
Centre ID as provided by the Authority:	355
Date of inspection:	8 and 9 September 2009
Date of response:	22 October 2009

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

Garda Síochána vetting had not been completed for staff members.

Action required:

Ensure that Garda Síochána vetting is completed for all staff members employed in the Nursing home.

Reference:

Act: Health Act 2007
Regulation 18: Recruitment
Standard 22: Recruitment

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

Timescale

Provider's response:

As discussed with the inspection team, Garda Síochána vetting forms for all staff has been sent. I have been informed that there is at least a two month waiting list for same to be completed.	Due next week
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2. The provider is failing to comply with a regulatory requirement in the following respect:	
The provider has not ensured that nursing practice for the administration of medication is safe and follows best practice as regards supervision of residents taking medication and the management of the medication trolley.	
Action required:	
The provider shall ensure that the centre has appropriate and suitable practices relating to the administration of medicines to residents.	
Reference:	
Act: Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management.	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
All nurses have now been instructed to ensure medication has been swallowed prior to leaving a resident.	Done
A locked trolley has been ordered when dispensing medications.	End of this week

3 .The provider has failed or is failing to comply with a regulatory requirement in the following respect:	
The provider had not ensured that separate sluicing facilities have been provided.	
Action required:	
The registered provider shall ensure that a separate sluicing facility appropriate to the size of the residential care setting and ventilated to the external air is provided.	
Reference:	
Act: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
<p>Provider's response:</p> <p>As discussed with the inspection team, building renovations were taking place to update the existing sluice room. This has been completed</p>	<p>Done</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The registered provider has not ensured the provision of suitable facilities for the purpose of changing clothes.</p>	
<p>Action required:</p> <p>The registered provider shall provide for staff facilities for the purpose of changing clothes.</p>	
<p>Reference:</p> <p>Act: Health Act 2007 Regulation 19: Premises Standard 26: Health and Safety</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>As above this was clearly demonstrated to the inspection team that the renovations included a new staff room with changing facilities. This has also been completed.</p>	<p>Done</p>

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
19: Meals and Mealtimes	Display the daily menu in a suitable format and in a suitable location so that each resident or his/her representative knows what is available at each mealtime
4: Privacy and Dignity	Ensure that special dietary requirements are not displayed in a manner which may compromise the privacy of a resident

Any comments the provider may wish to make:

Provider's response:

All signage is now kept in the kitchen and the menu is displayed in large writing in the Dining room.

**Signed: Joan Surman
Registered Provider**

Name: (Please Print)_Joan Surman