

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Little Flower Nursing Home
<b>Centre ID:</b>	ORG-0000355
<b>Centre address:</b>	Labane, Ardrahan, Galway.
<b>Telephone number:</b>	091 635 449
<b>Email address:</b>	littleflower1@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Bridgelynn Limited
<b>Provider Nominee:</b>	Joan Surman
<b>Person in charge:</b>	Joan Surman
<b>Lead inspector:</b>	Ann-Marie O'Neill
<b>Support inspector(s):</b>	Nan Savage
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	44
<b>Number of vacancies on the date of inspection:</b>	6

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 19 March 2014 08:30 To: 19 March 2014 19:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This report sets out the findings of a registration renewal inspection. This inspection took place over one day. Inspectors met with residents and staff members; observed practices; and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Inspectors were satisfied that residents were cared for in a safe environment and were receiving a good standard of person centred care, nursing and healthcare support. The building was clean, comfortably furnished and well maintained. A stair lift was provided; residents had access to a jacuzzi type assisted bath. An activity co-ordinator worked in the centre providing age appropriate activities for residents.

Inspectors found evidence of nursing staff maintaining their continuous professional development in the areas of nutrition supplements, nutrition risk assessment, stroke, catheter care and end of life care.

Residents had access to allied health professional care such as occupational therapy, physiotherapy, dietician and speech and language therapy.

Residents at end of life had access to the palliative care team from the local hospital and the centre. Inspectors found evidence of resident's involvement in their end of life care planning and wishes were documented. Each resident had signed consent to photography form.

Residents enjoyed an unhurried, dignified mealtime experience in the centre. Food given to residents was nutritious and residents had opportunities to request additions and changes to the menu in the centre through monthly resident's meetings.

Residents had access to advocacy services and volunteers also worked in the centre. Staff interacted with residents in a respectful and courteous way and were observed to knock on residents bedroom doors and ask permission before entering.

The oratory in the centre was identified as very small and the person in charge outlined to inspectors, her plan to build the oratory onto one of the day rooms.

Residents had access to a pleasant and well maintained enclosed garden area. A small library space had been set up in one of the day rooms and books were changed as requested by residents.

The policy for protection against abuse was for elder abuse, this did not reflect the age group for all residents in the centre at the time of inspection also storage of medications prior and during drug rounds required risk assessment.

The inspectors' findings are detailed in the body of the report and the areas for improvement are set out in the Action Plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

A copy of the most recent statement of purpose was provided for review. It had most recently been updated in January 2014. It was found to reflect the services and facilities provided in the centre. However, it did not have up to date whole time equivalents for staffing also the statement of purpose did not identify the use of CCTV in the centre. The person in charge made changes to the statement of purpose the day of inspection. The updated statement of purpose was sent to the Chief Inspector the day after the inspection and was found to be compliant.

**Outcome 02: Contract for the Provision of Services**

*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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a sample of resident's contracts of care and found that there was an agreed written contract in place which included details of the services to be provided to the residents and fees to be charged. The inspector reviewed contracts of resident's that had been admitted since the last monitoring inspection. The sample of contracts reviewed met the regulations.

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that the designated centre was managed by a suitably qualified and experienced nurse.

Joan Surman was the person in charge and also acted as the provider. She had a minimum of three years experience in the area of nursing of the older person within the previous six years.

The person in charge was easily recognised by residents and they indicated she was the person they would go to if they had a complaint or any problem.

Inspectors were satisfied the person in charge was focused on enhancing the quality of life for residents living in the centre by providing evidence based nursing practice and striving to make changes and adjustments to the centre based on the needs of the residents

She had continued her professional development since the last inspection in areas such as end of life, wound care, stroke, urinary catheter care and neurogenic bowel care.

The person in charge demonstrated sufficient knowledge of legislation commensurate with her role as person in charge and demonstrated good clinical knowledge to ensure practices in her centre were suitable and safe.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

Records maintained in the centre were kept secure but easily retrievable. The designated centre had written operational policies and procedures relating to health and safety.

The Residents' Guide met the requirements set down in the Regulations. It included the most up to date summary of the statement of purpose and was accessible to all residents, copies were found in resident's bedrooms and in the foyer. A visitor's sign in book was maintained.

Insurance cover was in place against loss or damage to the assets and delivery of the service. There was also evidence of insurance in place for outsourced providers e.g. chiropodist, physiotherapist.

The directory of residents was available to the inspector and kept in accordance with specifications outlined in Schedule 3 of the Regulations.

All policies and procedures required by Schedule 5 of the Regulations were in place.

A sample of staff files were checked against schedule 2 of the regulations, they were found to be in compliance with the regulations. These files also contained copies of staff performance reviews and identified training and development needs for the next year.

**Outcome 05: 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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the duty rosters for three weeks. From the sample of rosters provided to the inspector, the assistant matron worked four to five days a week Monday to Friday generally 8am to 3pm. A staff nurse was rostered to work at all times during the weekends; this nurse was deemed to be the nurse in charge on those days.

The person in charge and the assistant matron had good knowledge of the regulations in relation to notifying the chief inspector for periods when the person in charge is absent.

---

**Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there were sufficient measures in place to safeguard and protect residents from abuse.

Staff spoken to understood what abuse was, types of abuse and how to respond if they suspected abuse. The inspector reviewed the centre's policy on elder abuse it identified types of abuse, the local Garda station number and details on how an investigation was to be carried out. It outlined actions to be taken in the immediate response to an allegation of abuse. Training records were reviewed indicating staff were trained in elder abuse and had regular updates the most recent in January 2014.

The centre also had policies and procedures in relation to security of monies, property and financial affairs. Details of monies lodged and withdrawn were maintained in an up to date log. Each resident had their own individual log and monies maintained separately. Receipts for purchase or invoices paid were kept in the centre.

The policy for protection against abuse was for elder abuse, this did not reflect the age group for all residents in the centre at the time of inspection.

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

There were adequate risk management systems in place and health and safety of residents, visitors and staff were promoted and protected.

Risk management systems in place included the policies, safety statements and a risk register. There was evidence of review and ongoing assessments since the last inspection. Specific risks as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations Amended 2009 were documented. These included precautions in relation to residents absent without leave, assault, accidental injury to residents or staff, aggression and violence and self harm.

Inspectors reviewed the safety statement which had a signature list of staff that read and fully understood it. The safety statement had recently been updated by the provider. It included details of responsibilities and a summary of hazard identified; risk assessment and control measures in place for example, slips, trips and falls, falling from bed, storage of medications. Areas also assessed were bedrooms and corridors, day rooms, kitchen and dining rooms and the outer environment.

Hand rails were provided in circulation areas and were evident in bath, shower and toilet areas. The centre had safe floor covering provided. There was evidence of moving and handling practices and training programmes in place. The provider was a qualified instructor. The emergency plan was up to date. A stair lift had been installed since the last registration inspection.

There was evidence of regular checks of fire related matters for example fire exits were checked daily, fire training and fire drills were held on a regular basis. Fire fighting equipment had been checked recently. Emergency lighting for the centre had been regularly serviced and the fire alarm system had been serviced on a quarterly basis with the most recent service in January 2014.

There was evidence of re-assessment of the smoking room dated September 2013. Residents that smoked had also had a risk assessment. Control measures had been put in place for residents in the provision of aprons, doors kept closed, an extractor fan and fire fighting equipment provided. A window had been put into the door to allow better supervision.

Infection control measures in relation to changing of mops and the frequency water used for cleaning bedrooms was changed was identified by the assistant matron as requiring improvement and they were in the process of changing practices in this area.

Storage of medications in the drug trolley prior and during drug rounds had not been adequately risk assessed.

---

**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

The inspector reviewed medication administration policies for the centre. These had been updated since the last inspection. The assistant matron had carried out medication administration audits for nurses working in the centre. The drug trolley was kept in the nurse's office and locked at all times. Medicines were stored in locked cupboards in the nurse's office. Each resident's medications were stored in individual containers. Medication prescription charts were colour coded according to different G.P's.

Residents requiring crushed medications had their own allocated medication crusher. Crushed medications were indicated on the prescription charts and prescribed by the resident's GP.

Prescription charts reviewed by the inspector had the resident's name and photo identification and G.P's name. Review of PRN (as required) medications indicated maximum dosage in 24hours.

**Outcome 09: 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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied there was compliance in relation to notification of incidents.

The person in charge had good knowledge of incidents that required notification to the Chief Inspector and the specified time frames. Incidents that required notification had been submitted.

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge demonstrated a commitment to continual improvement in quality assurance and standards.

Audits reviewed by the inspector were up-to-date. The experience of privacy and dignity for residents living in the centre had been recently audited. This showed areas of good practice and also areas that needed improvement. For example, it was identified that resident's life histories were not always recorded and there was a need for better documentation in relation to this. It also identified that the resident's understanding of why they were admitted to the centre was not always recorded. Work had begun on this and was evident in care plans reviewed by the inspector.

Catheter care had been reviewed, indicating that a number of care plans had not been reviewed on the date of the audit. Plans to review this within a specified time frame were identified.

A food and nutrition audit showed evidence of consultation with residents. It identified that not all residents had an individual nutritional care plan. The outcome of this audit had ensured that all residents living in the centre had an up-to-date nutritional care plan and had been assessed using a nutrition risk assessment tool.

The person in charge had recently purchased a nursing home audits package. This pack covered a range of topics specific to nursing homes. The person in charge intended to replace the current audits in the centre with this system.

---

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

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that resident's wellbeing and welfare were maintained to a high standard of evidence-based nursing care.

A sample of resident's care plans were reviewed as part of the inspection. Care plans were signed by residents showing evidence of residents being consulted. If residents were unable to sign their care plan a representative signed it, such as a relative.

Residents had access to allied health professionals. Inspectors reviewed assessments and recommendations by occupational therapy for specialised seating and wheelchairs. Equipment as recommended from assessments were provided to residents. Equipment could be purchased if the centre did not have some that matched the resident's needs.

There was also evidence of ongoing speech and language therapy (SALT) and dietician assessment and intervention. Residents that required their fluids thickened due to swallowing difficulties had recommendations by speech therapists that matched their needs. A folder of resident's dietary requirements and choices were kept in the kitchen.

Wound care was well managed in the centre. Documentation in care plans was up to date. Residents with wounds had ongoing assessment using a specific wound assessment tool. There was evidence of progress charts to monitor wound healing. There was evidence of wounds that had fully healed documented in residents' care plans.

Residents attended outpatient clinics to have wounds assessed and recommendations from these visits were put into action on return to the centre. Residents with wound care management plans were prescribed nutritional supplements to assist wound healing.

The centre had a policy in relation to behaviour that is challenging. The policy gave guidance to staff around identifying causes of behaviour that is challenging. It identified the assessments that staff could implement to ascertain the cause of the behaviour that is challenging. There was an emphasis on chemical restraint being used as a last resort and multi-disciplinary team meetings for the review of chemical restraint.

Care plans for residents with behaviour that is challenging showed evidence that the centre policy was being implemented. Prevention measures were identified. One resident's care plan identified that infection, hunger or thirst could be a trigger to behaviour that is challenging.

The centre employed an activity co-ordinator. Residents were observed to engage in activities that were geared to their needs. Residents played Bingo, cards, read papers, watched TV, listened to music. Some residents went on excursions from the centre with their families and more independent residents went to the local village when they wished to do so. Knitting and horticulture was popular with many of the residents, the inspector viewed photographs of knitted pieces and plants cultivated in the last year. The activity co-ordinator kept a folder of photographs of events and activities that residents had engaged.

Inspectors reviewed a sample of care plans for residents using restraint. These indicated that restraint had been assessed and alternatives were documented as having been tried. Some residents used bed rails as enablers and this was documented in their care plans.

There was involvement of multi-disciplinary allied health professionals as part of resident's enabler/restraint assessments. During the inspection the assistant matron developed a three monthly review of restraint form to ensure consistent ongoing assessment. This was in response to some care plans for restraint not having been reviewed every three months.

Inspectors observed good falls prevention in practice. There was evidence of review and assessment of residents post falls, for example residents had neuro-observations carried out by a nurse and G.P. and physiotherapy assessments after a fall. Although there was good practice evident there was inconsistent documentation of this. Care plans had not been consistently updated to indicate interventions or assessments post falls.

**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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The layout and design of the centre fit with the statement of purpose, the aims and objectives of the centre and resident's profile. The person in charge had initiated some improvements to the centre since the last registration for example the centre now had a stair lift between floors, there was now a treatment room which provided residents with a private space for meeting their G.P.

There were grab rails on all corridors and on both sides to assist residents with mobilising. There was a pleasant enclosed garden for residents to use. This space was kept safe, tidy and attractive providing residents using the day room a pleasant view to look out onto. The centre was comfortable and nicely decorated. Resident's bedrooms were tastefully decorated and clean.

There were five communal toilets with washing facilities in the centre; one of these had an assisted Jacuzzi bath. Floor coverings were clean and even. Thermostatic controls were in place to prevent scalding to residents. There no malodours noted throughout the inspection.

The front door had a code for access in and out of the centre. A visitor's book was maintained in the centre. A call bell system was in place and functioning.

The sluice room and laundry rooms had coded door access. Chemicals were stored in lockable cupboards for safe storage of cleaning chemicals. Sinks were stainless steel. There were adequate hand-washing facilities and the sluice sink was sufficiently large to avoid spillages.

Communal spaces in the centre comprised of one front conservatory, one large day room, one smaller day room referred to as a 'quiet day room' this space had a small library and piano and one large dining room. Residents generally met their relatives in their bedroom or in the smaller day room.

The smoking room was on the ground floor, the person in charge had fitted a window in the door of the room to allow staff to view into the room for safety reasons.

Some of the corridors were dimly lit in places, which was mentioned at the feedback meeting and the person in charge gave assurances that this was a recent occurrence due to stormy weather and would be addressed immediatly.

---

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The centre had arrangements were in place for responding to complaints. As part of the inspection process the complaints policy and procedures were reviewed.

The complaints policy was displayed in a number of areas within the centre. It described how to make a complaint it was centre-specific and gave good guidance for staff and residents in how to follow the process. It met with the requirements of the Regulations.

The inspector reviewed a sample of complaints maintained in the complaints. Details of complaints and actions taken were well documented. Complaints were dealt with promptly and the satisfaction level of the complainant was documented.

Residents identified who they would speak to if they had any issues or wished to make a complaint.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Policies and procedures in place in the centre provided staff with best practice in relation to end of life care for residents.

From the sample of care plans reviewed there had been discussions for residents in relation to end of life. Documentation indicated residents specific choices in relation to end of life care such as having their family present, sacrament of the sick, priest or reverend available and specific burial wishes.

Care plans indicated if the person had any fears for the future or worries. Residents were present when care plans were developed and signed plans that had been reviewed or they were signed by their representative.

The end of life and resuscitation status policies gave detailed guidance to staff. Policies reviewed also guided best practice in nursing procedures and documentation. For example, nurse verification and G.P. certification of death procedures.

A remembrance Mass was held each year for deceased residents that previously spent time in the centre. There was good access to the local palliative care team, the person in charge and assistant matron commented on the excellent communication they had with them.

The inspector noted that the oratory in the centre was small with no seating. The person in charge had plans to re-locate the oratory by building onto one of the day rooms creating a larger oratory for residents.

### **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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that residents' food and nutritional needs were well met and observed good practices in place affording residents choice and support based on their individual needs.

The catering, nursing and care staff were knowledgeable about residents with particular requirements, for example, those on diabetic and modified consistency diets. Menus offered choice and were changed frequently.

There was a choice of meal time sittings for residents. This ensured that residents could

be more closely supervised during mealtimes due to smaller numbers. Resident's mealtime was calm and unhurried from the experience observed by inspectors on the day.

Staff sat beside residents requiring assistance and spoke to them during the meal giving encouragement and assistance. Modified consistency meals and drinks were presented well. The inspector noted there were plenty of drinks available and offered to residents daily. The food smelt appetising and there were varied meal choices on offer. The dining room had a white board that let residents know what was on the menu for the day.

Resident's requiring modified diets had been reviewed regularly by the speech and language therapist (SALT). These indicated the consistency of resident's meals.

All residents were assessed for nutritional risk using an assessment tool. There were completed dietician assessments and meal recommendations in place for residents identified at risk and also for residents that needed specialised diets for example residents with diabetes.

A folder of resident's dietary requirements was kept in the kitchen. Kitchen staff were knowledgeable of resident's dietary requirements and there was good communication between kitchen staff, speech and language therapists and dieticians.

The inspectors ate a sample of food from the menu and found it to be appetising, nutritious and in good quantities.

### **Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents 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.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that residents living in the centre were afforded privacy, dignity and consultation. During the inspection staff in the centre interacted with residents in a respectful and caring manner.

Inspectors reviewed the minutes of the meeting and topics ranging from requesting confessions to be held in the centre more often, changing library books more frequently

and adding smoked salmon, tomatoes and beetroot to meal choices.

The resident's advocate attended some of the resident's monthly meetings and spoke with them to establish if they had any concerns or issues they wished to raise.

Residents spoken to indicated they had choice at meal times and where they wished to eat their meals in the day rooms or in their bedroom.

Residents went on excursions from the centre to events held in the community and were assisted to access the local post office if they needed. Residents had access to a hairdresser free of charge in the centre Monday, Wednesday and Friday.

The person in charge informed inspectors that all religious denominations were catered for in the centre. A polling station is set up in the centre for residents to access.

Shared occupancy rooms had adequate screening to ensure privacy for personal care. The person in charge had made improvements in the material used for screening and residents spoken to were very happy with these changes and had been involved with picking colour schemes they liked. One resident spoke with inspectors and mentioned she had been consulted in picking the colour scheme of the curtains for her bedroom.

The inspector reviewed a 'consent folder'. This held centre specific consent forms for taking photographs. The inspector noted that all 44 residents living in the centre at the time of inspection had been consulted and their consent obtained with associated signatures from either the resident or their representative. These were up to date.

Cleaning and health care staff were observed to respectfully knock on resident's doors and asked permission before entering.

### **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

**Judgement:**

Compliant

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

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

**Findings:**

Residents personal property and possessions were well looked after in the centre.

There was adequate space provided for residents' personal possessions. Resident's

clothes were neatly folded or hung up in their wardrobes. One resident had a collection of hats that were neatly stored on top of their own wardrobe. Residents sharing a bedroom had their own wardrobe. Resident's bedside lockers had the option for the top drawer to be locked for residents to secure their belongings.

The centre had its own labelling system. Resident's names were ironed onto clothing. There was a policy in place in relation to resident's personal property and possessions.

Resident's laundry was segregated in individualised laundry boxes. The centre had industrial washing and drying facilities with a separate smaller washing machine for clothes requiring delicate washing options. Residents could have their clothes ironed in the centre.

Since the previous inspection a new system had been put in place whereby laundry staff updated clothing property logs as necessary.

### **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.*

**Theme:**

Workforce

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Staff rosters provided to the inspector were reviewed. These indicated there was a staff nurse on duty in the centre at all times.

Rosters indicated that four staff worked at night in the centre. On some occasions one staff nurse worked with three care staff and at other times two staff nurses worked with two care staff. The person in charge changed staffing levels and skill mix based on the assessed needs and dependency levels of residents and reviewed this regularly.

There was a commitment to providing ongoing training to staff working in the centre. Inspectors reviewed the intended training matrix for the year. 23 staff had received training in nutrition, bowel care, nutrition risk assessment and nutritional supplements. Ten staff had received training from the speech therapist on dysphasia.

A sample of staff files reviewed were up to date and met the requirements of Schedule 3

of the Regulations. Staff had ongoing performance reviews.

The assistant matron informed the inspector that she or the person in charge was on call most weekends. The duty rosters reviewed did not have an on-call section to indicate this arrangement.

Volunteers working in the centre had up to date Garda Vetting however, roles and responsibilities had not been clearly outlined in their written agreement.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Ann-Marie O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Little Flower Nursing Home
<b>Centre ID:</b>	ORG-0000355
<b>Date of inspection:</b>	19/03/2014
<b>Date of response:</b>	06/05/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 06: Safeguarding and Safety

**Theme:** Safe Care and Support

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

The centre's policy for prevention of abuse did not reflect the age group of all residents living in the centre.

**Action Required:**

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

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

The Centres' policy has been amended to include all age groups residing at the Little Flower Nursing Home.

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

**Proposed Timescale:** 21/03/2014

### **Outcome 07: 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:**

Storage of medications in the drug trolley prior and during drug rounds had not been adequately risk assessed.

**Action Required:**

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

A risk assessment of the storage of medications in the drug trolley prior to and during drug rounds has been carried out. This identified a risk of medication transferring from one medicine pot to another in the event of someone accidentally bumping into the trolley. Medication pots with lids have been sourced and put into practice.

**Proposed Timescale:** 30/04/2014

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

**Theme:** Effective Care and Support

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

There were some gaps in care planning documentation. Review, assessment and recommended interventions after falls were not consistently documented to reflect practice.

**Action Required:**

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

On the day of the inspection, one care plan had not been updated to reflect the assessment which had been carried out post the fall and the interventions to be taken into account. This has been carried out since the inspection.

**Proposed Timescale:** 20/03/2014

---

**Outcome 18: Suitable Staffing**

**Theme:** Workforce

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

The duty rosters reviewed did not have an on-call section to indicate the on-call arrangement for the assistant matron or person in charge.

**Action Required:**

Under Regulation 16 (3) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The duty rota has been amended to include the on-call manager.

---

**Proposed Timescale:** 16/04/2014

**Theme:** Workforce

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

Volunteer's roles and responsibilities had not been clearly outlined in their written agreement.

**Action Required:**

Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

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

An updated policy and written agreement for Volunteers has been put in place.

---

**Proposed Timescale:** 21/03/2014