



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Little Flower Nursing Home
Name of provider:	Bridgelynn Limited
Address of centre:	Labane, Ardrahan, Galway
Type of inspection:	Unannounced
Date of inspection:	29 March 2023
Centre ID:	OSV-0000355
Fieldwork ID:	MON-0039623

About the designated centre

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

Little Flower nursing home is two storey in design and purpose built. It can accommodate up to 50 residents. It is located in a rural area, close to the village of Labane and many local amenities. Little Flower accommodates male and female residents over the age of 18 years for short-term and long-term care. It provides 24-hour nursing care and caters predominantly for older persons who require general nursing care, respite and convalescent care. It also provides care for persons with dementia and Alzheimer's disease, mild to moderate brain injuries, mild intellectual disabilities, post orthopaedic surgery and post operative care. Bedroom accommodation is provided mainly on the ground floor in 14 single and 16 twin bedrooms. There are two single and one twin bedroom located on the first floor, a chair lift is provided between floors. There is a variety of communal day spaces provided including a dining room, day room, conservatory, oratory and large seated reception area. Residents also have access to a secure enclosed garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
--	----

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 March 2023	09:00hrs to 18:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were very well supported to enjoy a good quality of life. Feedback from residents was that this was a very good place to live where they were empowered to exercise their rights. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and calm manner.

This unannounced inspection took place over one day. There were 47 residents in the centre and three vacancies on the day of the inspection.

Following an introductory meeting, the inspector conducted a walk through the centre with the person in charge (who was also the registered provider). As the inspector walked through the various areas of the centre, residents were observed getting on with their daily lives. Some residents were receiving care in their bedrooms, a number of residents were having breakfast in the dining room, while the majority of residents were relaxing in the communal day room. It was evident that residents' choices and preferences in their daily routines were respected. While staff were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful.

The centre was a purpose-built facility near the village of Ardrahan, County Galway. The building was found to be well laid out to meet the needs of residents, and to encourage and to aid independence. The centre was bright, warm and well-ventilated throughout. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. The living and accommodation areas were spread over two floors which were serviced by an accessible stairlift. Accommodation was provided for 50 residents and comprised of single and twin bedrooms, a number of which were ensuite. Many residents had decorated their rooms with photos and other items of significance. There was a sufficient number of toilets and bathroom facilities available to residents. There was no separate housekeeping room available in the centre. However, the person in charge gave verbal assurance to the inspector that this would be addressed in the near future. There were a variety of bright communal areas available to residents, including a day room, dining room, conservatory and lobby. All areas were appropriately styled with domestic style furnishings to create a homely environment. There was also an oratory available which provided residents with a quiet space. Call bells were available throughout the centre, and inspectors observed that these were responded to in a timely manner. The centre was observed to be clean, tidy and generally well-maintained.

There was safe, unrestricted access to outdoor areas for residents to use. These areas contained suitable garden furniture and seating. There were also a variety of raised vegetable and flower beds which residents tended to throughout the year.

One resident spoke at length with the inspector about the garden and the plans in place for growing vegetables in the coming months.

Throughout the day, residents were very happy to chat with the inspector about life in the centre. The inspector spoke in detail with a total of eleven residents. One resident described the staff as 'very good, most helpful' and said that 'life is good' in the centre. Another resident told the inspector that staff were very kind to them and that they were very happy with their bedroom which had a 'lovely view'. 'Everything is going ok for me', 'I'm where I need to be and all is good' and 'I get everything I need' were among other comments made to the inspector. A number of residents described how they spent their days. A small number of residents chose to remain in the bedrooms, reading, listening to the radio and watching the comings and goings along the corridors. Other residents told the inspector that there was plenty of choice available to them including going out to the local shop or taking the bus into Galway city. There were a number of residents who sat quietly in the day room, observing their surroundings, and who were unable to speak with the inspector. These residents were observed to be comfortable and content.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. The inspector spoke with one visitor who described the care and support received by their loved one as 'exceptional'.

Throughout the day, residents were seen to be happy and content as they went about their daily lives and it was evident that residents were supported by staff to spend the day as they wished. Residents moved freely around the centre, and were observed to be socially engaged with each other and staff. Staff supervised communal areas and those residents who chose to remain in their rooms, or sit outdoors, were monitored by staff throughout the day. There was a comfortable atmosphere in the centre, and friendly chats were overheard between residents and staff. The inspector observed that personal care and grooming was attended to a high standard. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal sitting rooms or their own bedrooms. There was a schedule of activities in place which included music, quizzes and gardening. Residents told the inspector that they were free to choose whether or not they participated. The inspector observed the activities co-ordinator provide activities on the day, including a lively quiz in the afternoon which a number of residents participated in and appeared to enjoy. Residents were also provided with opportunities to avail of local community activities. A small number of residents regularly attended local community groups and local sporting fixtures. Residents also had access to television, radio, newspapers and books.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. On the day of the inspection, the inspector observed residents having meals at various times of the day depending on their preference. Food was freshly prepared in the centre's own kitchen and was observed to be well presented. Residents were complimentary

about the food in the centre. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently.

In summary, the inspector found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The purpose of the inspection was to follow up on the actions taken by the provider to address areas of non-compliance found on the last inspection in April 2022.

The inspection was also used to inform a decision in relation to an application to renew the registration of the designated centre.

The inspector found that this was a well-managed centre. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents. The governance arrangements were well organised and resourced to ensure that residents were facilitated to have a good quality of life. The quality and safety of the service provided was of a good standard. The provider had addressed the actions of the compliance plan following the last inspection.

Bridgelynn Limited was the registered provider of this designated centre. The company had one director who was also the person in charge. The person in charge facilitated this inspection. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The person in charge demonstrated a good understanding of their role and responsibility, and was observed to be a strong presence in the centre. They were supported in this role by an assistant director of nursing and a full complement of staff including nursing and care staff, activity, housekeeping, catering and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. There was an on-call system in place out of hours that provided management advice, if required.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

Staff had access to education and training, appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

The designated centre had adequate resources available to ensure residents received good quality care and support. On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. The person in charge and assistant director of nursing provided clinical supervision and support to all the staff. Communal areas were appropriately supervised, and the inspector observed kind and considerate interactions between staff and residents.

The provider had systems in place to monitor and review the quality of the service provided for the residents. A range of audits had been completed which reviewed practices such as infection prevention and control, medication management, falls management and management of the centre. Where areas for improvement were identified, action plans were developed and completed.

There was evidence that there was effective communication systems in the centre. Regular management team meetings had taken place in the centre. Minutes of meetings reviewed by the inspector showed that a range of relevant issues were discussed including, risk, policies, training, recruitment, activities, and supervision. The management team also met with staff on a regular basis and discussed topics such as, infection prevention and control, resident issues, training, staffing issues and other relevant topics.

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files were reviewed by the inspector and found to have all the required information as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The centre was adequately resourced to ensure that residents were supported to have a good quality of life.

There was a quality assurance programme in place that effectively monitored the quality and safety of the service.

There was an annual review of the quality of the service provided for 2022 which included input from residents. There was a quality improvement plan in place for 2023.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents living in this designated centre received care and support that was of a very good standard which ensured that they were safe and could enjoy a good quality of life. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. There was a person-centred approach to care, and residents' well-being and independence were promoted. Staff were observed to be kind and respectful to residents.

The inspector reviewed a sample of nine residents' files. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission, a range of validated assessment tools were used to reflect the needs of the residents including, dependency level, falls risk, nutrition and manual handling needs. The outcomes were used to develop an individualised care plan for each resident, within 48 hours of admission to the centre. Individual care plans were comprehensive, with person-centred information that was updated to reflect residents' changing needs, and to provide clear guidance to staff on the supports required to maximise the residents' quality of life.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals, in line with their assessed need. Daily progress notes demonstrated good monitoring of care needs and that recommendations made by professionals were implemented.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments had been carried out.

The inspector observed that management and staff ensured that residents' rights were respected and upheld. Residents were free to exercise choice about how they spent their day. Residents were provided with regular opportunities to consult with management and staff on how the centre was organised. This was evidenced in the minutes of resident meetings. One resident described how he regularly helped the maintenance staff with various jobs which he enjoyed as he 'liked to keep busy'. Satisfaction surveys were carried out with residents with positive results. Residents had access to an independent advocacy service.

Closed circuit television cameras (CCTV) were used internally in the centre, including some of the communal areas. There was an up to date policy in place to guide the staff. Residents were provided with information regarding the use of CCTV in the centre, and opportunities to provide feedback on the impact of the use of CCTV.

The centre had arrangements in place to manage risk. There was a risk register in place which identified risks in the centre, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. An incident record that logged all incidents that occurred in the centre was maintained.

The environment and equipment used by residents were visibly clean on the day of the inspection. Staff demonstrated an appropriate knowledge of the centre's cleaning procedure and the systems in place to minimise the risk of cross infection.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Staff with whom the inspector spoke with were knowledgeable about what to do in the event of a fire.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet.

Residents were monitored for weight loss and were provided with access to dietetic services when required.

There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 .

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day. The inspector observed that residents' privacy and dignity was respected.

Residents' meetings were scheduled and documented. These meetings facilitated residents to discuss issues relating to life in the centre and to discuss areas of improvement in the service.

Independent advocacy services were available.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant