



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

Issued by the Chief Inspector

Name of designated centre:	Flannery's Nursing Home
Name of provider:	Flannery's Nursing Home Limited
Address of centre:	Chapel Road, Abbeyknockmoy, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	15 October 2024
Centre ID:	OSV-0000341
Fieldwork ID:	MON-0039719

About the designated centre

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

This registered centre is a modern purpose-built single-storey premises, which provides residential care for 60 residents. The building has many features that contribute positively to residents' quality of life. These include large bedrooms with en-suite facilities, windows that provide a view of the outside when sitting down, a range of sitting areas where residents can spend time during the day and wide hallways that enable residents to walk around freely. The centre cares for both female and male residents aged 18 years and over with the following care needs: respite care to residents following hospital stay, post-surgery or from home, respite care, post-operative care for those after orthopaedic surgery, and cardio-thoracic surgery. Long-term care is provided to residents requiring full-time care, including those with dementia and who are no longer able to look after their own physical and mental wellbeing. The registered centre provides palliative care, dementia care, and convalescence care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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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
Tuesday 15 October 2024	10:00hrs to 17:50hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in this centre received a very good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents told the inspector that staff were kind and that they made them feel safe living in the centre. Staff were observed to deliver care and support to residents which was kind and respectful, and in line with their assessed needs.

Flannery's Nursing Home was located in Abbeyknockmoy, County Galway. The centre was a single-storey purpose-built facility which provided accommodation for 60 residents. This unannounced inspection took place over one day. There were 56 residents accommodated in the centre on the day of the inspection and four vacancies.

On arrival to the centre, the inspector met with the person in charge. Following an opening meeting, the inspector conducted a walk through the building, giving an opportunity to review the living environment, and to meet with residents and staff. Some residents were observed relaxing in communal areas and bedrooms, while others were receiving assistance from staff with their personal care needs. Staff were observed attending to residents in a relaxed and attentive manner. There was a pleasant atmosphere throughout the centre and friendly, familiar chats could be heard between residents and staff.

The premises was laid out to meet the needs of residents. Bedroom accommodation comprised of single and twin bedrooms, all of which were en-suite. Bedrooms were bright and spacious, providing residents with adequate space to live comfortably and to store personal belongings. Many bedrooms were personalised with photos, ornaments and other items of significance. Residents had access to bright communal spaces including days rooms, a dining room and a spacious foyer. There was also a prayer room available which provided residents with a quiet space. There was sufficient space available for residents to meet with friends and relatives in private. Seating areas were available along corridors. One resident told the inspector that they liked to sit and watch the comings and goings along the corridors. There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. Residents using mobility aides were able to move freely and safely through the centre. All areas were furnished and decorated in a homely style. There were various items of new furniture in place since the previous inspection. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was bright, warm, and well ventilated throughout. Call-bells were available in all areas and answered in a timely manner. The building was found to be visibly clean and tidy, and generally well maintained. The person in charge informed the inspector that there were planned works to address a small number of areas of the centre that required upgrading, such as flooring, tiling and replacement of radiators in bathrooms.

Residents had unrestricted access to safe, secure outdoor spaces. These areas included landscaped gardens which contained a variety of suitable garden furnishings and seasonal plants. Residents were actively involved in various gardening activities.

There was a designated smoking area which was adequate in size and well ventilated. There were measures in place to ensure the residents' safety when using this facility, including access to suitable fire-fighting equipment.

The inspector spent time observing staff and residents' interaction in the various areas of the centre. Residents were observed to be content as they went about their daily lives. They were relaxed and familiar with one another and their environment. It was evident that residents' choices and preferences in their daily routines were respected. Residents moved freely around the centre, and were observed to be socially engaged with each other and staff. Other residents were observed sitting quietly, relaxing and observing their surroundings. A small number of residents were observed enjoying quiet time in their bedrooms. Communal areas were appropriately supervised and those residents who chose to remain in their rooms were supported by staff. Staff who spoke with the inspector were knowledgeable about the residents and their needs. Staff were observed to be kind and respectful in their interactions with residents, and care was delivered in a relaxed manner. The inspector observed that personal care needs were met to a good standard.

Residents were happy to chat with the inspector about life in the centre. The inspector interacted with many residents, and spoke in detail with a total of nine residents. Residents stated that staff were kind and always provided them with assistance when it was needed. One resident told the inspector that all staff were very good to them and that they 'never had a lonely day in the place'. Another resident said 'I love it here and I love my room'. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal areas or their own bedrooms. Residents were also provided with access to television, radio, internet, newspapers and books. There was a schedule of activities in place including exercises, bingo, art, boardgames and movies. Residents told the inspector that they were free to choose whether or not they participated in planned activities. The inspector observed residents enjoying a quiz on the afternoon of the inspection. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

The dining experience was observed to be a social, relaxed occasion. The inspector saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were complimentary about the quality of food.

In summary, this was a good centre with 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 governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced 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 inspector followed up on the actions taken by the provider to address areas of non-compliance found on the inspection in January 2023. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to achieve positive outcomes for residents who lived in the centre. The inspector found good compliance across all regulations reviewed. The provider had addressed the actions required in relation to Regulation 28: Fire precautions.

Flannery's Nursing Home Limited is the registered provider of the centre. The inspector found that there was an established and clear management structure in place. The company has two directors, one of whom worked full-time in the centre in a management capacity. There was a person in charge in post, supported by an assistant director of nursing, a clinical nurse manager, nursing and support staff. The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life. The management team were a visible presence in the centre and were well known to the residents and staff. The person in charge demonstrated a very good understanding of their role and responsibility. There were systems in place to ensure appropriate deputising arrangements in the absence of the person in charge.

The centre was adequately staffed with an appropriate skill mix of staff to meet the assessed needs of residents. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of registered nurses and a team of healthcare assistants. The service was supported by a sufficient number of support staff including, housekeeping, laundry, activities, catering, administration and maintenance staff. Staff demonstrated an understanding of their roles and responsibilities and were observed to be interacting

in a positive and meaningful way with residents. Staff were observed working together as a team to ensure residents' needs were addressed. The person in charge, assistant director of nursing, and clinical nurse manager provided clinical supervision and support to all the staff. There were appropriate levels of supervision of care delivery in place on the day of the inspection.

Staff had access to education and training appropriate to their role. This included fire safety, infection prevention and control, safeguarding vulnerable adults, and manual handling training.

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

The provider had robust systems of monitoring and oversight of the quality of the service in place. There was a comprehensive schedule of audits which reviewed areas of the service such as, quality of care, falls management, use of antibiotics, care planning, and complaints management. In addition, information regarding key aspects of the quality of the service were reviewed by the management team on a monthly basis. This included information in relation to wound management, restrictive practice, infections and other significant events. Action plans were developed and completed where areas for improvement were identified. An annual review of the quality and safety of the services had been completed for 2023 which included a quality improvement plan for 2024.

There was evidence of effective communication between management and staff in the centre. The provider had introduced an electronic communication system that enabled all staff to access current information about the service including policy documents, training and service updates.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. There were systems in place to identify, document and learn from incidents involving residents. Notifiable incidents were submitted to the Chief Inspector of Social Services within the time frame specified under the regulations.

The provider had systems in place to ensure that records were available, safe and accessible, and maintained in line with the requirements of the regulations.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

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 training and staff had completed all 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

Records were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were strong governance arrangements in the centre. There were adequate resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality and safety of the service was effectively monitored.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints log found that complaints were managed in line with the centre's policy and in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

Up-to-date policies and procedures as outlined in Schedule 5 of the regulations were available, accessible to all staff and were specific to the centre.

Judgment: Compliant

Quality and safety

Residents living in Flannery's Nursing Home were satisfied with the service they received, and reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' wellbeing and independence were promoted.

Residents received a high standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Nursing and care staff were knowledgeable regarding the care needs of the residents and this was reflected in the nursing documentation. The inspector reviewed a sample of seven residents' care records. 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. Validated clinical assessment tools were used to

identify potential risks to residents such as poor mobility, impaired skin integrity and the risk of malnutrition. The outcomes of assessments were used to develop a holistic care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed were person-centred and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents had access to medical and healthcare services. Systems were in place for residents to access the expertise of health and social care professionals, when required.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they chose. Opportunities to participate in recreational activities in line with residents' choice and ability were provided. There were sufficient staff available to support residents in their recreation of choice. Residents had the opportunity to meet together and discuss relevant management issues in the centre. Residents had access to an independent advocacy service.

Residents who were assessed as being at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents, assessed as at risk of malnutrition, were referred for further assessment by an appropriate health professional.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. Housekeeping staff were knowledgeable about cleaning practices and all areas of the centre were observed to be clean and tidy.

There was an up-to-date residents' guide available which contained a summary of the services and facilities in the centre, the terms and conditions relating to living in the centre, the complaints procedure, and the arrangements for visits.

The inspector found that when a resident was admitted to hospital, all relevant information was provided to the receiving hospital and that relevant information was obtained from the hospital when the resident returned to the centre.

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

There was effective oversight of medicines management to ensure that residents were protected from harm and provided with appropriate and beneficial treatment.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found that 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

There were sufficient amounts of food and drink available to residents at all times. Residents were provided with a choice of meals from a menu that was updated daily. Food was properly and safely prepared, cooked and served including specialist consistency meals. Residents were assisted with their meals in a respectful and dignified manner when necessary.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital and that all relevant information was obtained on the resident's return to the centre.

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 29: Medicines and pharmaceutical services

There were processes in place for the prescribing, administration and handling of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied healthcare professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in safeguarding vulnerable adults at risk.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives.

Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	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 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant