

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Corrandulla Nursing Home
Centre ID:	OSV-0000332
Centre address:	Corandulla, Galway.
Telephone number:	091 79 1540
Email address:	corrandullanursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Hayden Healthcare Limited
Provider Nominee:	Michael Hayden
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	0

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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 February 2016 10:30 To: 25 February 2016 19:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection and took place over one day. It was undertaken to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The inspector observed the delivery of care including social care and reviewed documentation such as care plans, accident/incident reports and policies and procedures. The inspector met with residents, staff, the person in charge and provider throughout the inspection and viewed the premises.

The building was originally a monastery built in the mid 1850s. It has been modified and refurbished over the years and has functioned as a nursing home since 1990. The centre provides long and short-term residential care for a maximum of 37 residents with a range of care needs including dementia and mental health problems. On the inspection day the centre was fully occupied. The majority of residents (26) had been assessed as having medium or low level care needs.

The centre is located in a residential area and is surrounded by well-maintained grounds and gardens accessible to residents. There are two blocks of independent living units and a day-care centre also located in the grounds. The day centre operates daily and provides a service to residents who wish to attend as well as people from the local community.

The inspector spoke with two groups of residents after lunch. Other residents were spoken to individually. All residents described the care provided and their experiences of living in the centre in positive terms. Staff were described as "kind and caring", "helpful" and "interested in keeping us independent". One resident said they particularly valued the encouragement the staff provided to "use the outdoors". Residents said that food was "good and that choices are offered at each meal time" and also said "the staff will prepare fruit and snacks if you want extra or something different". Residents said they could attend activities or go over to the day centre if they wanted a change. Residents said they felt safe, well cared for and attributed this to staff being readily available and being able to talk and get help with problems.

Care, nursing staff and ancillary staff were well informed about their roles and responsibilities. Care staff were knowledgeable and familiar with residents' needs and their day to day life patterns. They described how they encouraged residents to maintain their independence by supporting residents to continue to do as much as possible for themselves and by encouraging them to engage with the local community. Residents had access to doctors and to the services of allied health professionals. Care plans outlined health and social care needs and were based on a range of evidence based assessments. The inspector found that the standard of care planning was good however reviews of care plans and care interventions required improvement as some did not indicate what changes took place as a result of the interventions put in place. Residents who had dementia were noted to be well supported by staff who were familiar with their abilities as well as their needs for support.

Systems were in place to ensure the environment was safe for residents, staff and visitors. There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks and control measures were in place to ensure risk was minimised. The fire safety arrangements were satisfactory and staff were familiar with the fire safety routines, the location of firefighting equipment and the actions they were required to take should the fire alarm be activated. There was an ongoing programme of decoration and maintenance. Some environmental arrangements required review to ensure residents' safety. For example, the door to the courtyard garden was not alarmed and residents could use this at any time. As the designated smoking area was located here residents were in and out regularly but staff did not always know when residents went out which presented a risk particularly in the hours of darkness.

The person in charge and the staff team demonstrated good knowledge of the legislation and standards throughout the inspection. They were aware of the legislative responsibilities of the person in charge and provider including the notifications that had to be made to the Authority. The inspector found that the person in charge provided good leadership and guidance to staff. She was well

supported by the provider who was committed to ensuring that residents had a quality service that met their needs. The provider had a regular presence in the centre and attended the feedback meeting at the conclusion of the inspection. The inspector found that there was a strong commitment from all staff to ensure compliance with legislation and to ensure residents had a life style that gave them opportunities for enjoyment and fulfillment as well as met their care needs. The last inspection of the centre was conducted in December 2014 and January 2015 to inform a registration renewal decision. There were ten actions outlined for attention and the inspector found that the majority of matters had been addressed. The actions taken are reviewed under the respective outcomes and the action plan at the end of this report outlines the areas identified during this inspection that require attention to meet legislative requirements. Among the areas that required attention were improvements to daily records so that they accurately reflected the interventions in place to meet residents needs and more comprehensive assessments of dementia care needs to ensure staff were informed about residents abilities as well as their cognitive impairments so that care including social care could in a holistic manner.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspector found that the management and organisational structure was appropriate to the size, ethos, purpose and function of the centre. The person in charge was supported by the provider who had a regular presence in the centre and who addressed general administration and business issues.

There was evidence of quality improvement initiatives and monitoring of the service. The inspector reviewed the audits of complaints and medication management. Shortfalls and improvements identified were found to be appropriately addressed. For example excess stocks of medication were returned to the pharmacy and a system for stocktaking before ordering had been introduced. Complaints resolution and audits of the management of complaints had ensured that the time scales described in the centre's policy and procedure were adhered to and that complaints had been resolved expediently. An action plan in the last report identified that audits were not completed at regular intervals and did not provide an accurate overview of care practices in the centre. The inspector found that this action had been addressed as audit findings identified shortfalls in practice or lack of adherence to procedures which had been addressed. An audit of the environment in relation to good practice for dementia care had been completed in January 2015. Aspects of the premises that reflected positively in relation to dementia care included having a secure garden space that residents could use and also having a variety of areas where residents could sit to undertake activity or to spend time quietly.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspector found that there were systems in place to maintain the required range of records and that the policies and procedures required by legislation were in place. Records were stored securely, easily retrievable and were readily available for inspection.

Nursing staff completed the required daily record however in the sample of records reviewed the inspector found that these records did not provide a complete overview of the care interventions that took place daily. The majority of records described physical care needs and did not reflect aspects of life such as residents' emotional health, the activities they had attended or the effectiveness of supplementary nutrition for example.

Judgment:

Non Compliant - Moderate

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or suffering abuse. All staff had received training on adult protection and carers

interviewed described how the training material was used to prompt discussions on the varied examples presented. Staff could describe the different types of abuse and the procedures they were required to follow if they had a suspicion that an abuse situation had occurred or if they witnessed an incident of abuse. There was a policy in place to guide and inform staff actions. An ongoing programme of refresher training on safeguarding vulnerable adults was in place to ensure staff were kept up to date, aware of indicators to observe for and the centre's procedures to be followed.

Residents said that they felt safe in the centre and felt that there were adequate measures such as sufficient staff in place to protect them from harm. There were no reports or allegations of abuse under investigation when this inspection was conducted.

There was a visitors' record in place to enable staff to know who was in the building at any time.

There was a policy on restraint management (the use of bedrails and lap belts) in place. The inspector noted the low use of bedrails and the active promotion of a restraint free environment. Three residents used bedrails to promote safety. There was a risk assessment completed prior to the use of any restraint and assessments were regularly revised and supported with a plan of care. The reasons why equipment such as bedrails was in use was described in the documentation reviewed.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
The inspector found that systems and practices that promoted health and safety were in place and a system of risk identification and management was evident. Staff were observed to carry out duties such as cleaning, handling laundry and using equipment safely. Cleaning trolleys were kept in close proximity to where staff were working and were not left unattended and laundry was managed appropriately. Staff used protective clothing and gloves and changed this when they moved from one area to another. The inspector found that health and safety throughout the centre was generally managed effectively however some areas required improvement to reduce hazard and potential harm to residents. Risk factors for areas such as falls were identified and controls to reduce the risk put in place, for example, staff told the inspector that where a resident was at increased risk of falls the environment would be assessed to reduce

the hazards created by furniture for example and areas would be kept free from obstacles and clutter. Accidents and incidents were reviewed each quarter and there was a summary of the findings to inform learning for staff and to reduce further falls. For example the times, location and type of falls that occurred were identified. Where residents had repeat falls this was reviewed and mitigating circumstances such as medication or unsteadiness walking were identified and remedial actions were taken to prevent recurrences. The inspector found during the review of incidents that 2 falls had occurred in the courtyard garden where the smoking area is located. The access door to the garden is not alarmed and residents can access the garden freely however while this enables residents to move in and out freely this also creates a hazard during the hours of darkness as staff may not know that residents have gone out to smoke. The provider and person in charge said they would review this arrangement and it is a requirement of this report that the risk management procedures identify this hazard and how it being addressed to protect residents more effectively.

The centre had a missing person's procedure to guide staff through the actions to take in this situation. This was described by the person in charge who said that missing person drills were conducted regularly. The inspector saw that two such exercises had taken place on 23 June and 30 September 2015. Staff had followed the procedure and located the resident within ten minutes.

The fire safety arrangements were reviewed. Smoke detectors were located in all bedrooms and general purpose areas. Emergency lighting was provided throughout the building. The inspector viewed contracts for the regular service of fire alarms, smoke and heat detectors. A list of all fire equipment was maintained as required by regulations. Fire extinguishers were serviced annually and the last service date was 18 December 2015. Routine inspection of the fire door closers and fire panel were undertaken weekly to ensure they were operational and these checks were recorded. Fire fighting equipment was inspected frequently to ensure it was in place and intact. Fire escape plans indicating the route to the nearest fire exit were displayed around the building. Staff had a process in place for checking that fire exits were unobstructed and all exits were noted to be fully accessible during the inspection.

The inspector viewed records of fire drills and fire training exercises which took place on a routine basis. The last fire training date was 18 November 2015. Staff who are recruited between scheduled fire training dates have fire drills included in their induction programme. Staff interviewed had a good understanding of the fire procedures and were aware of the progressive evacuation plan and residents individual evacuation needs as described in their evacuation plans. A report on fire drill exercises is completed and any areas for learning identified. For example the report of the exercise conducted on 31 July 2015 indicated staff had passed a fire exit they could have used and were advised of this.

Hand testing indicated the temperature of hot water did not pose a risk of burns/scalds. There were some residents who smoked at the time of this inspection. The smoking area had been provided with furniture that was fire retardant however this was noted to be worn and should be risk assessed for fire retardant durability to ensure it offers the appropriate level of protection. An action plan in the last report indicated that it was not possible to identify if furniture had appropriate fire retardant properties. The inspector saw that new furniture in use had labels that described appropriate fire retardant

standard. Another action plan required that the fire procedures were reviewed to include all relevant aspects of fire prevention including the provision of furniture of fire retardant quality. This had been addressed and new furniture supplied since the inspection had the appropriate confirmation labels attached.

The training records showed that staff had up-to-date training in moving and handling. The moving and handling risk assessments detailed the equipment and the number of staff required to undertake manoeuvres for each resident. There was sufficient equipment available to meet residents' needs mobility and moving and handling needs.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a medication management policy in place which provided guidance to staff on how to manage medication safely and in accordance with professional guidelines. The centre's procedures were judged compliant at the last inspection and the inspector found that the systems were again compliant at this inspection.

The nurses administering medication adhered to good practice standards. The administration records were signed following administration and were administered within the prescribed timeframes. Where residents wished to have their medication later the later time was identified on the administration chart. Staff were noted to take time to talk to residents and explain the medication being given and reassured residents where required.

The inspector reviewed a sample of medication administration records. The records were legible and distinguished between PRN (as needed), regular and short term medication prescribed for episodes of infection. A blister pack system was in use and staff said that it was safe and easy to use.

Medication was being crushed for some residents. Alternative liquid or soluble forms of drugs were sought where possible through consultation with the pharmacy. The max dose for all PRN (as required) medication was in place for all drugs in the sample of prescriptions reviewed. The inspector noted there was minimal use of night sedation. Two residents had a regular prescription and another has night sedation prescribed on an "as required" basis.

Controlled drugs were secured in a locked cabinet. The inspector viewed the controlled drugs register and the supply available. The stock balances were checked by two nurses at the beginning and end of each shift to ensure all drugs were accounted for and that the balance was in accordance with that described in the register.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:

The arrangements to meet residents' assessed needs were set out in individual care plans. The inspector found that standards of care generally reflected good practice standards and appropriate access to medical and allied health care professionals was in place. There was a good emphasis on supporting residents to maintain their abilities and independence. Staff were noted to support residents effectively and encourage them to follow their preferred lifestyles. For example the majority of residents were mobile and physically active and those who could leave the centre independently were encouraged to use the community facilities, the day centre in the grounds and the local shops.

The majority of residents accommodated, thirty four, were living in the centre long term and three residents had been admitted for varied periods of respite care. A range of evidence based assessment tools were completed following admission and the outcomes were used to inform care plans and direct staff actions. Care plans were noted to be person-centred, individualised and described the current care to be given however there were improvements identified in areas that included assessment of dementia care needs, the use of life stories to inform practice and some evaluations of care interventions.

The majority of residents-twenty six- were assessed as having low to medium care needs. Two residents were assessed to have maximum care needs and the remainder had a high care needs. A significant number of residents had enduring mental health problems and some had varied levels of cognitive impairment. Assessments completed on admission and to evaluate residents' progress included vulnerability to falls,

nutritional care, skin integrity, continence management, fluctuating behaviours, mental health issues and levels of independence.

Staff demonstrated good knowledge and understanding of each resident's background and current life style patterns in conversations with the inspector. There was evidence of good communication with relatives when they visited and contacts were made with relatives when change in health care needs became evident. Residents had good access to GP services and there was evidence of medical reviews when required. Access to allied health professionals that included speech and language therapists, dieticians, occupational therapists and professionals from mental health services was available when required. There was information in records that indicated that annual oral/dental checks were completed and residents told the inspector that they attended opticians to have their eyesight checked.

The inspector reviewed three resident's care plans in detail and certain aspects of other care plans where residents had nutritional issues, wound problems, responsive behaviours or were at risk of falls. The inspector found that care plans were up to date, reflected residents' current care needs and were reviewed every four months. This was confirmed by review of nutritional assessments that were noted to be updated in August and October 2015 and in January 2016.

There was assessments and care plans available for residents with mental health problems and for people who had dementia care needs. The inspector found that behaviours associated with such conditions such as restlessness were managed well and staff encouraged residents to participate in activities so that they could relax and be active in a purposeful way. Staff were aware of extra nutrition requirements to compensate for the higher level of activity when wandering was a problem. There was a commitment from staff to keep residents independent as long as possible and this was demonstrated by staff having knowledge about what residents could do for themselves and what assistance they really needed. When staff were asked for a summary of residents' needs, they were able to give an account that reflected the care plan in place and residents day to day routines.

The inspector found that there was scope for improvement in the way information recorded in residents' "life story" documents that described residents' backgrounds and interests could be used to develop their care plans. In the sample viewed many focused on distant past life events and were less informative about residents' current choices and preferences. The inspector also found that assessments of cognitive impairment could be improved as aspects of life such as the activities that residents could still do for themselves, who they recognised or their capacity to participate in group activity were not described.

There was regular monitoring of weights, fluctuations in mood and behavior and skin integrity. Residents identified at risk of weight loss were monitored and referred to speech and language or dietetic services. The inspector saw records that confirmed that nutritional screening was completed and reviewed quarterly and the outcome used to inform further actions if risk was identified.

Fluctuations in behaviours, periods of agitation and aggression were assessed and

recorded using behaviour charts. These were used by staff to plan safe interventions. The inspector saw that problems such as infections or constipation that could contribute to such behaviours were explored and addressed with good outcomes for residents. An example to illustrate this was recorded in June 2015 where a resident was unsettled and potentially aggressive to staff and residents. The behavior was managed by exploring a range of factors and appropriate treatment of constipation eliminated the behavior change. Regular monitoring since then had resulted in no further episodes.

The inspector saw how wound care problems were managed and discussed this aspect of care practice with the person in charge. There were no pressure related wounds in receipt of attention. The treatment of a leg ulcer wound addressed in August 2015 was reviewed. This was noted to have been well documented and had healed fully. Information relayed to HIQA about the management of a resident with significant wound care problems in December 2015 was discussed with the person in charge and provider. The medical and nursing records were reviewed. The inspector found that the information supplied from the acute hospital did not convey the extent of existing wounds that were evident and also found the fragility of the resident's overall condition had been difficult to determine at the time of admission. Staff documented all wounds and relayed concerns to medical staff regarding general condition and poor nutrition status. Regular nursing assessments were undertaken however progressive deterioration resulted in readmission to the acute hospital as the resident was eating very little, supplements were not tolerated well and treatment with subcutaneous fluids and antibiotics did not stop the deterioration. The inspector judged that communication in relation to the clinical presentation and discharge information from the centre was appropriate when the resident was readmitted to hospital but that the information provided the time of admission was inadequate to inform nurses about the condition of the resident or to guide care practice effectively. The person in charge said that there had been learning from this admission and staff were now vigilant about requesting full and complete information about prospective resident's conditions at the time of discharge. It is a requirement of this report that appropriate information is sought and provided at the time of admission so that the comprehensive assessment as described in regulation 5-Individual Assessment and care plan can be completed by the person in charge.

The nurses maintained daily records of residents' health and wellbeing however these were noted to mainly describe physical care needs and did not fully reflect the social care provided, interventions to maintain independence and the staff interactions that contributed to residents well being. The action plan in relation to this is described under outcome 5-Documentation.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and

Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The centre was warm, welcoming and comfortable when inspected. The building is a converted monastery which had been altered to for use as a designated centre. It is located in the centre of the village and the area is mainly residential. There is a small entrance hall at the front of the building and the nurses' office is located off this area.

There are two sitting rooms in the main building - the larger sitting room on the ground floor is the one more frequently used by residents. It is divided into two areas which provided residents with a choice of where to sit and enables staff to undertake activities in one area without impacting on residents who do not wish to participate. The room was comfortably furnished and had pictures, ornaments on display and fire places in each area that contributed to the home like environment. There was also a smaller sitting room to the rear of the building which was also in regular use.

The centre has an appropriately sized dining room adjacent to the kitchen. This was noted to be well used at all meal times. Residents were able to sit together comfortably and meal times were relaxed and unhurried.

The original monastery church had been retained and preserved within the main building. It is used regularly by residents and relatives for prayer and reflection. Residents told the inspector they like spending time there and sometimes sit and read quietly and enjoy the atmosphere. The church is traditional in style with elaborate stained glass windows, church pews and religious artefacts. The weekly mass takes place here.

There is a smoking area within the enclosed courtyard that is used extensively by residents who smoke.

Bedroom accommodation for residents is provided over two floors. The upper floor has lift access. The accommodation consists of 19 single bedrooms, six of which have en suite toilet facilities. The remaining rooms are doubles. These had adequate screens to provide privacy and were large enough to facilitate the use of hoists or mobility equipment. Bedrooms were noted to have personal items belonging to residents on display and there was appropriate storage for clothing.

The eight-bedded extension is a self-contained wing which is accessible from the main building. Accommodation consists of a day room, dining room, small kitchen, sluice room and eight single bedrooms. There is a bathroom with a bath, shower and hand-washing facilities and three additional toilets with hand-washing facilities. The provider's office, staff toilet and changing facilities are located in a connecting corridor between the old building and the eight-bedded wing. This part of the building is modern, bright

and comfortable, with plants, ornaments and pictures contributing to the homely atmosphere.

All areas were noted to be visibly clean and in a good state of repair. A call bell system was in place in bedrooms and in toilets and bathrooms. This was accessible to residents when in bed.

An action plan in the last report described a toilet door that was difficult to close. This action was addressed and a new door had been installed.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

While no resident was receiving end of life care at the time of inspection, staff described the philosophy of care that underpinned care practice. Families are consulted, encouraged to be involved and to spend as much time as they wish with residents at this time according to information supplied by nursing staff.

There was a policy and procedure guidance that described good practice on end of life care. The inspector found that the information provided indicated that appropriate safe care would be available for residents at end of life.

End of life care plans were completed for residents and two were reviewed by the inspector. These were noted to describe residents' preferences about care and interventions. For example one record stated that the resident would like to be resuscitated in the event of a medical emergency provided he did not have a terminal illness. Both care plans outlined that residents would like to have family and staff with them and that they would prefer to remain in the centre if that was possible.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served,

and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

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

Findings:

Residents told the inspector that meals were hot, well presented and that they received their choice of main meal and dessert. Special diets were provided for residents who had particular requirements due to health problems or who had swallowing difficulties. The catering staff said they were informed about specialist diets by nursing staff. Residents who required assistance at meal times were noted to receive help in an appropriate and timely manner. An action plan in the last report described inadequate staff availability in the dining room as staff had to leave residents they were assisting to provide help and equipment for other residents. This had been addressed and the inspector saw that three staff were available in the dining room and were assisting residents without interruption. The inspector noted a particularly effective intervention where staff spent time talking to a resident who took a long time to eat and initially said she did not want to eat anything. In the end she had a good portion of the meal with the support of staff. Two residents interviewed by the inspector said that food was "very good and tasty" and also said that alternatives were offered if they did not want a full meal or did not like the choices on offer.

There was good attention to weight gain as well as weight loss to ensure residents' well being. Weight gain was assessed and residents referred to the dietician. The inspector saw that residents on weight reduction diets were encouraged to have low calorie options as advised by the dietician and these alternatives were provided.

There was one resident whose nutrition needs were being supplied through a Percutaneous Endoscopic Gastrostomy (PEG) feeding system which were being appropriately managed and monitored.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

The inspector found that residents' views were valued and that residents' privacy and dignity was protected and promoted. The inspector was told that suggestions from residents had been implemented and that residents were being encouraged to contribute their views on how the centre operated. This had been identified for attention in the last inspection report as residents who did not attend the day centre did not contribute to the residents' forum as the meeting was facilitated and held there. The person in charge had made contact with the national advocacy service and volunteers had made contact with the centre however this input ceased and the person in charge was now reviewing how to engage residents in a meaningful way that was consistent. This action was assessed as in progress and will be reviewed again at the next inspection.

The inspector saw several examples where the privacy and dignity of residents was respected by staff. For example: doors to bedrooms and shower rooms were kept shut while staff were assisting residents, curtains were fully pulled around beds in shared bedrooms when personal care was in progress, staff interactions were positive and there was a high level of engagement with residents during the day and staff took time to communicate with residents who had impaired communication such as confusion or restless behaviour.

The inspector saw that visitors were warmly welcomed at various times of the day. Residents and their relatives confirmed that flexible visiting was usual. There was evidence of open communication between the person in charge, staff and relatives, as inspectors observed relatives talking freely with staff.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

There was an adequate complement of staff with the skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The person in charge and two nurses were on duty and the complement of care staff were observed to be accessible to residents when needed. The person in charge worked full time as required by regulations. An activity coordinator was available three days a week and on other days social care was undertaken by care and nursing staff.

Information available conveyed that staff had access to ongoing education and a range of training opportunities was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on infection control, medication management and the management of behaviours that challenge.

All members of the team that the inspector talked to during the inspection were clear about their areas of responsibility and the management reporting systems. The structure in place ensured sufficient supervision of staff on a day to day basis and ensured that accountability for care practice and the administration of the service met residents' needs and legislative requirements.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Geraldine Jolley
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 report¹

Centre name:	Corrandulla Nursing Home
Centre ID:	OSV-0000332
Date of inspection:	25/02/2016
Date of response:	07/06/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The daily nursing records focused on physical care needs and interventions and did not describe fully the health, condition and treatment given daily particularly the emotional and mental health needs of residents or the interventions employed by staff on a daily basis to address such needs.

1. Action Required:

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

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

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

Changes in the writing of the daily reports have started – but to ensure all Nursing staff are clear on what is required, a mandatory meeting on the 10th of June for all nursing staff is taking place. Weekly checks will then occur to ensure it is being implemented appropriately.

Proposed Timescale: 10/06/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The hazard associated with free access to the courtyard area had not been identified as a risk particularly when residents used this area after dark.

2. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

A lock has been attached to the courtyard door and is presently locked between the hours of 10pm and 7am, with access to the smoking area via the staff nurse. A sensor alarm has also been attached to the door so if a client wishes to use the facilities at night once the nurse gives them access – re-entry into the home will alert the nurse.

Proposed Timescale: 07/06/2016

Theme:

Safe care and support

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

The chairs in the smoking area were worn and although they had fire retardant labels, the condition of the surface of the chairs may compromise fire retardency effectiveness.

3. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

We have purchased new specialist seating for these types of areas – as they are being made presently we are awaiting the seats arrival (le time of about 3 weeks)

Proposed Timescale: 28/06/2016

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:

The inspector found that the information available to staff at the time of a resident's admission did not reflect the dependency of the resident and did not describe fully the pressure area problems evident on admission.

4. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

Emergency admissions / last minute respites from hospital who have not been pre-assessed – after full assessment on admission if the description/diagnoses of the client does not match the discharge summary or handover from the hospital a critical incident form will be filled in and sent to the hospital, a copy kept on site and if HIQA wishes a copy sent to them also. Any wounds/marks will be photographed with client's permission and attached to the form. Post assessment if the home is able to care for the person's needs we will do so, if not the client will be transferred immediately back to the hospital with our apologies and explanation to the department as to why (and copy of critical incident form).

Proposed Timescale: 07/06/2016

Theme:

Effective care and support

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

Care plans for residents with dementia or other cognitive impairments did not provide information on residents' abilities, familiarity with or capacity to recognise family members or staff or capacity to participate in group activity which would inform care plans and reflect evidence based practice.

5. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

All care files for dementia will be reviewed and updated accordingly.

Proposed Timescale: 28/06/2016