

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Corrandulla Nursing Home
Centre ID:	0332
Centre address:	Old Monastery Corrandulla, Co. Galway
Telephone number:	091 791540
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Email address:	aishlinghayden@hotmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Hayden Healthcare Ltd.
Person in charge:	Aishling Abed
Date of inspection:	11 and 14 October 2011
Time inspection took place:	Day-1 Start: 10:30 hrs Completion: 16:45 hrs Day-2 Start: 10:30 hrs Completion: 15:30 hrs
Lead inspector:	Jackie Warren
Support inspector:	n/a
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

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

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

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Corrandulla Nursing Home was originally built as a monastery in the mid 1850s. It refurbished in 1990 and opened as a nursing home. An eight bed extension was added in 2002. The centre provides long and short-term residential care to a mix of residents over and under 65 years and can accommodate a maximum of 38 residents. On the day of inspection there were 33 residents living in the centre, some of whom had dementia.

There is an entrance hall at the front of the building. Finger print reader access is provided at the front door for security purposes. A 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 in two by a partition which gives the room a cosier atmosphere. The room is warm and comfortably furnished, with pictures, ornaments and an antique-style fireplace. There is also a smaller sitting room to the rear of the building which is used as a quiet area.

The centre has a dining room adjacent to the kitchen with a service hatch between the two rooms.

There is a church within the main building which is used by residents and relatives for prayer and reflection. Weekly mass takes place in the church.

Bedroom accommodation consists of nineteen single bedrooms, six of which have en suite toilet facilities. There is one three-bedded room and nine twin rooms, one of which has an en suite toilet. There are two assisted bathrooms, both of which have shower and toilet facilities and one has an assisted bath. There are a further two additional bathrooms, one with a toilet and shower and one with a toilet and bath. Six additional toilets are available for residents' use. Toilet facilities for staff and visitors are provided separately.

The eight bed extension is a self-contained wing which is accessible from the main building and has a separate entrance and reception area. 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 bed wing.

There are two stairs in the centre, one at the front and one at the rear of the building. The main stairway at the front of the building is fitted with a chair lift which reaches to the first floor. Since the last inspection the provider has constructed a large passenger lift to connect the two levels in the building.

The centre is set in large, well-maintained grounds, containing a large walled orchard. There is an enclosed courtyard, which houses a conservatory type smoking room. There are two blocks of independent living units and a day-care centre also located in the grounds. The day care centre operates daily from 10.00 am to 5.00 pm and is attended by people from the local community as well as some of the residents from the centre.

Location

Corrandulla Nursing Home is located in the centre of Corrandulla village, County Galway. It is within walking distance of local amenities such as the church, shop and post office and is 9 miles from Galway City.

Date centre was first established:	1 March 1990
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	5

Dependency level of current residents	Max	High	Medium	Low
Number of residents	2	2	11	18

Management structure

The Provider of Corrandulla Nursing Home is Hayden Healthcare Ltd and the designated contact person is Michael Hayden. His daughter Aishling Abed is the Person in Charge and his son, Michael F. Hayden is a Senior Nurse Manager. The senior nurse manager reports to the Person in Charge and in her absence to the Provider. Nurses report directly to the Person in Charge and to the senior nurse manager in her absence, while the care assistants, catering and cleaning staff report to the nurses.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	4	1	3	0	3*

* provider, manager, maintenance person

Background

Corrandulla Nursing Home was first inspected by the Health Information and Quality Authority (The Authority) on 26 and 27 January 2010, when an unannounced scheduled inspection was carried out. A follow up inspection took place on 8 February 2011 and a registration inspection on 10, 11 and 16 August 2011. The inspection reports can be found at www.hiqa.ie, and the centre ID is 0332.

On these inspections, the inspectors found that the centre did not meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) or the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Inspectors noted serious deficits in health care management and the day to day operational management and governance of the centre.

The provider and person in charge failed to adequately address areas for significant improvement which were identified in these inspection reports. These included medication management, care planning, management of restraint, staffing levels and selection and vetting of staff. Other areas for significant improvement included moving and handling practices, provision of meaningful activity for residents, record keeping, and staffing supervision.

During the registration inspection in August 2011, areas of risk to the wellbeing and health of residents were identified and the provider was required to submit immediate action plans to address these. The provider responded promptly to the immediate action plan, outlining the measures which he and the management team would take to address these issues.

In addition, the inspectors were concerned that issues identified during previous inspections had not been satisfactorily addressed including fire training, care planning, recruitment, management of restraint, medication management, selection and vetting of staff. The provider was required to attend a meeting with the Authority to discuss the seriousness of the concerns identified on the registration inspection and the continuing non compliance with his legal obligations. At this meeting, the provider committed to undertaking actions to bring the centre into compliance with the Regulations and was required to submit a weekly progress report to the Authority.

Inspectors made an unannounced visit to the centre on 13 September 2011 to confirm the progress in response to the immediate action plan and that had been reported in the weekly submissions from the provider. The inspectors found that substantial progress had been made in the provision of clinical care and in nursing documentation.

This inspection report outlines the findings of a follow up inspection that took place on 11 and 12 October 2011. The inspection was unannounced and focused on the improvements required in the report for the registration inspection of 10, 11 and 16 August 2011.

Summary of findings from this inspection

Since the previous inspection the provider and person in charge made considerable progress in addressing the most recent action plan. Overall, the inspector found that the management team demonstrated a high level of commitment to meeting the requirements of the Regulations and Standards.

A new person in charge had been appointed and was four weeks in her role. She had been working with the staff to address the clinical issues. The provider was working on structural and environmental issues and the senior nurse manager was addressing administrative matters.

The key measures taken since the previous inspection were as follows:

- care plans had been revised to a high standard and were person-centred, comprehensive, up-to-date and provided adequate guidance for staff to deliver care
- a high standard of evidence based nursing care was being delivered to residents
- appropriate referrals to healthcare professionals had been made
- additional staff had been recruited
- a prevention of abuse policy had been developed and training in abuse awareness had been delivered to all staff
- all staff had received fire safety training
- all staff had received training in moving and handling
- suitable infection control measures had been introduced
- notifications of required incidents were being made to the Chief Inspector
- a handrail had been fitted on the corridor
- the installation of a passenger lift had been completed.

The following improvements were in progress but required further development:

- a statement of purpose was at an advanced stage of development
- some staff had received training in activities organisation and were in the process of devising an improved recreational plan for residents
- the newly appointed person in charge was more involved in the supervision of staff and she had started performance appraisals with all staff to identify their training requirements
- the person in charge had developed a range of auditing systems which she had started to implement
- a schedule for undertaking fire drills had been developed
- the building had been assessed for fire safety compliance and undertaking of the necessary works had commenced
- no personal information, which could compromise the privacy and dignity of residents, was displayed
- an improved medication management system had been introduced but required some further improvements in line with best practice
- a refurbishment and extension to the laundry was under construction.

The following areas had not been satisfactorily addressed:

- risk assessments for the use of restraint were not being undertaken
- staff files had not been updated to include all of the required information
- the directory of residents had not been kept up-to-date
- a suitable Resident's Guide had not been developed
- a suitable complaints procedure had not been developed.

The required improvements are included in the Action Plan at the end of this report and are set out under the relevant outcomes. Works which are in progress and are scheduled for completion within the timeframes agreed in the last action plan response have not been included as actions in this report.

Actions reviewed on inspection:

1. Action required from previous inspection:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

This action was in progress.

At the time of inspection, the person in charge had been revising the statement of purpose and this work was at an advanced stage. The inspector reviewed the draft statement of purpose and found that it accurately described the services and facilities provided in the centre and it generally met with the requirements in the Regulations. The person in charge completed some minor adjustments and submitted a compliant statement of purpose to the Authority shortly after the inspection, which was within the agreed timeframe in the previous action plan.

2. Action required from previous inspection:

Establish and maintain a system for reviewing and improving the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

This action was in progress and was still within the agreed timeframe set after the previous inspection.

The person in charge had been formulating a range of audit systems and she showed the inspector the work which she had completed. She had devised templates for auditing a range of key areas including complaints, falls prevention, challenging behaviour, and pain management.

The person in charge explained that the systems were in place and she would be formally auditing accidents, incidents, falls and complaints in October 2011. She was carrying out a documented weekly review of quality and safety issues including falls, significant events and complaints.

The person in charge had also developed systems for auditing compliance with the requirements of the Regulations and Standards and had commenced work on auditing compliance with the Standards.

The person in charge was satisfied that all the auditing systems would be in place by December 2011 as identified in the action plan response.

As this action was still within the timeframe set after the previous inspection, it has not been included in the action plan for this report.

3. Action required from previous inspection:

Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

This action had not been satisfactorily completed.

The senior nurse manager had revised the complaints policy, to provide clearer and more concise information. The policy provided guidance to staff on the management of complaints, including how to make a complaint, who to make it to and how it would be addressed.

The independent appeals arrangements were not in line with legal requirements. The appeals process outlined in the policy included the involvement of the nominated complaints persons in the centre and therefore did not provide for the appeal to be independent.

The inspector noted that there was some factually inaccurate content in the policy, as it stated that 'HIQA runs investigations on behalf of the HSE'.

The person in charge stated that the senior nurse manager was working on developing a new complaints procedure which would be displayed in a larger and more readable format but this work had not yet been undertaken.

She explained that this work was in progress and would be completed within the time frame stated in the action plan response.

4. Action required from previous inspection:

Put in place all reasonable measures to protect each resident from all forms of abuse.

Put in place a policy on and procedures for the prevention, detection and response to abuse.

This action had been completed.

An abuse policy had been developed which was informative. The policy outlined different types of abuse, provided guidance on recognising and responding to abuse and included directions for staff should they suspect abuse.

5. Action required from previous inspection:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

This action had been completed.

Since the last inspection the person in charge had arranged for all staff to receive training in the prevention and detection of elder abuse. There were two forms of ongoing prevention of abuse training in the centre. Most staff had undertaken online training or watched the HSE DVD pack. Training by an external trainer was scheduled to take place in October 2011 and all staff would be attending this training over two sessions. Records of this training were maintained on the staff files which the inspector viewed.

Staff confirmed that they had received training in the prevention of elder abuse and staff who spoke with the inspector were knowledgeable about what to do if they suspected elder abuse.

6. Action required from previous inspection:

Provide suitable training for all staff in fire prevention.

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

This action was completed in respect of fire training and was in progress in respect of the provision of a letter from a competent person confirming that the centre was in substantial compliance with fire and building control Regulations.

Since the registration inspection, the provider had ensured that all staff had received training in fire safety. He had arranged for a private consultant to deliver training in fire safety, evacuation and use of fire extinguishers to any staff who had not had up-to-date training. One resident also attended the training. The person in charge showed the inspector certification of the training which had taken place. Staff who spoke with the inspector were clear on how they would respond in the event of a fire.

The person in charge discussed her plans carry out quarterly fire drills in the building. She had scheduled dates for the fire drills into the staff roster, which the inspector viewed.

The provider had undertaken works in the building so that a competent person could provide written confirmation that the centre was in substantial compliance with all fire and building control statutory requirements, but this letter was not yet available. The provider showed inspectors documentation to confirm that the building had been inspected by a private fire safety consultant and that some necessary works had been carried out to achieve compliance. The statutory fire officer had also inspected the building and the competent person was awaiting the fire officer's report prior to providing the required written confirmation. The provider stated that he intended to complete any other required works that may be identified in that report.

7. Action required from previous inspection:

Provide training for staff in the moving and handling of residents.

This action had been completed.

Staff told inspectors that the provider had arranged for all staff to receive training in moving and handling and this was confirmed by training records. Most of the residents were mobile and the inspector observed residents being assisted appropriately as required. The staff explained the moving and handling techniques which they used to support residents. The inspector noted that residents' mobility was assessed and manual handling plans were included in resident's care plans.

8. Action required from previous inspection:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

This action was largely completed.

Since the last inspection the person in charge had reviewed and upgraded the medication management system and introduced safer administration practices. Although the management of medication was generally in line with legal requirements, there were some aspects which required further improvements.

There was an up to date medication policy which provided comprehensive guidance to staff. It outlined procedures to be followed in areas such as crushing, transcribing, administration of covert medications, refusal, withholding of medication and arrangements for medication reviews.

The inspector reviewed medication management documentation and discussed practices and procedures with the nurse on duty and was satisfied that there had been considerable improvements in this area. There was a new system for medication administration and the previous system had been discontinued. The nurse on duty explained that each resident's medication was prepared and administered by one nurse at each medication round. She showed the inspector that

the medication was now stored in a locked cupboard in a locked clinical room. There were named compartments in the cupboard in which each individual resident's medication was stored. The medications in the cupboard were up-to-date and appropriately stored. The nurse explained that she prepared each individual resident's medication and transferred it to a small named container for administration. The person in charge confirmed that she had been working with the pharmacist to improve the medication management and that a blister system pack would be introduced for appropriate medications within the coming month.

The inspector found that medications were appropriately and securely stored both in the medication cupboard and in the medication fridge and that medication packages were suitably labelled and in date.

The management of medication that required strict controls had been identified as an area for improvement in the previous action plan. At the time of this inspection there were no residents in receipt of medications requiring strict controls but the nurse described a safe procedure for checking and recording the stock of such medication.

The person in charge had introduced a monthly audit of medication management. The disposal of expired medication and medications requiring strict controls were among the issues identified in the audit and appropriate measures had been introduced for the return of these medications to the pharmacist.

However, some medication management practices were not appropriate to safeguarding residents and increased the risk of medication error. For example:

- some discontinued medications had not been signed by the GP
- transcribed medications were generated by computer. Each transcribed medication was verified by the person in charge in printed format, but not by signature. The entries were individually signed by the GP
- there was no record of nurses' signatures available at the time of inspection.

9. Action required from previous inspection:

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Provide a high standard of evidence based nursing practice.

Complete, and maintain in a safe and accessible place, an adequate nursing record of each resident's health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health. Facilitate each resident's access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.

This action had been completed in the main, but was still in progress in respect of some referrals to healthcare professionals.

The inspector found a high standard of evidence-based nursing care and appropriate medical care was being provided to residents. The quality of assessments and care plans had improved significantly and was of a good standard.

The inspector reviewed some residents' files including the files of residents with wounds, at nutritional risk and with behaviour that is challenging. Comprehensive assessments had been undertaken for each resident using recognised assessment tools. Additional risk assessments had been undertaken for falls prevention, mobility, nutrition, skin integrity and dependency level and three-monthly review dates had been identified. Staff had made significant efforts to personalise the assessments and care plans and information about residents' families, favourite music, clothing preferences and past lives was recorded in most care plans. Each resident's file identified issues and care needs specific to the resident and the goals of care for each identified need.

The inspector reviewed the care plans of two residents who had wounds and found wound care to be well managed. Comprehensive wound assessments had been carried out with details of the wound progress, including the type, length, depth, skin type and pain scale assessment. There were wound care plans to promote healing. Nutritional plans were also in place to promote healing. Wound progress and treatment records were regularly up dated. All residents had been assessed by a tissue viability nurse and recommendations were recorded.

All residents had nutritional assessments and monthly weight monitoring carried out. Residents at risk of malnutrition had care plans in place and nutritional supplements were prescribed and provided. A resident who was nutritionally compromised had a nutritional plan and his weight was monitored weekly. A steady increase in weight was recorded.

Residents with diabetes had comprehensive care plans in place. These guided staff on the specific signs and symptoms which they should be cognizance of and provided detailed guidance on blood glucose monitoring. Blood glucose was monitored and recorded as required and appropriate referrals were made to the diabetic clinic and the chiropodist.

The inspector reviewed the management of behaviour that is challenging. Care plans were in place for issues such as anxiety, depression, schizophrenia, agitation, communication difficulties and aggression. The care plans were individualised and outlined the triggers and the means of diffusing these behaviours if they escalated.

The inspector reviewed the use of restraint, as some residents used bedrails. Consultation between nursing staff and residents took place prior to the use of bedrails and a record was kept with details of the reason for their use, alternatives which had been considered and the duration for which the restraint would be in place. However, inspectors reviewed the files of some of the residents who used bedrails and found that risk assessments investigating the risks associated with the

use of bedrails for individual residents had not been undertaken and that care plans for the use of bedrails had not been developed.

The person in charge told the inspector that referrals to a range of health professionals had been made and records of the referrals were maintained. Some of the residents had been reviewed by healthcare professionals such as a dietician, tissue viability nurse and diabetes specialist. The provider had also engaged the service of a private physiotherapist who was at an advanced stage of reviewing every resident with a view to developing ongoing exercise programmes for each person. The person in charge was awaiting appointments for some residents following referrals to the psychiatric services. The person in charge explained that the residents who had received appointments with public healthcare professionals had gone out to clinics in the community to avail of this service, but she had difficulty accessing services for a resident who was not able to go out.

10. Action required from previous inspection:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.

Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

Facilitate each resident's access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.

This action had been completed.

The person in charge had worked with the staff to complete comprehensive nursing assessments for all residents. The inspector read a sample of residents' files and found that the assessments were detailed, person-centred and clearly identified any issues specific to each resident. Additional risk assessments were completed such as dependency, body assessment, oral health, medical conditions assessment, nutrition, falls risk, skin integrity, moving and handling and pain risk management. Staff had developed care plans to address any risks identified in the assessments. Evaluation dates for next reviews were documented and it was evident from the information provided that residents and their relatives had been consulted.

Access to healthcare services is discussed in more detail under Action 9.

11. Action required from previous inspection:

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

This action had been completed.

There was no personal information displayed publicly in the centre and the inspector did not observe any practices which compromised the privacy and dignity of residents.

12. Action required from previous inspection:

Put in place written policies and procedures relating to the recruitment, selection and vetting of staff.

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

This action had not been completed, although the provider stated in the previous action plan that it would be completed in November 2011.

The provider had not yet revised the policy for the recruitment, selection and vetting of staff or started to obtain the information required in the Regulations for staff working in the centre.

The person in charge had developed a staff appraisal document and had recently commenced carrying out performance appraisals on staff. She showed the inspector an appraisal of a staff member which she had recently completed. She said that she intended to appraise all staff and would work with staff to update the recruitment files as part of this process.

13. Action required from previous inspection:

Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Supervise all staff members on an appropriate basis pertinent to their role.

This action was in progress.

The provider and person in charge were making arrangements to increase the numbers of staff on duty. Two new nurses had been recruited. As the nurses had not got Irish nursing qualifications, they were undergoing adaptation training and were due to commence working in the centre at the end of October. The person in charge said that they were also in the process of recruiting another additional nurse. On the appointment of the new nursing staff, she stated that there would be an additional nurse on duty for four to five days each week, one of whom would be more focused on reviewing and updating documentation and supervising and mentoring care staff. She expected that this arrangement would be in place from early November.

The person in charge stated that she also intended to recruit the equivalent of two and a half care assistant posts and was interviewing for these at the time of inspection. This would provide for the number of care assistants on duty to be increased to five in the mornings, four in the afternoons and two every night. The person in charge was also making arrangements for care assistants to focus exclusively on caring. She was recruiting an extra staff member to undertake housekeeping duties which would eliminate care assistants current involvement in laundry duties.

As this action is at an advanced stage of completion, it has not been included in the Action Plan for this report.

14. Action required from previous inspection:

Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

Put in place adequate arrangements for the proper disposal of incontinence wear.

Maintain the equipment for use by residents or people who work at the designated centre in good working order.

Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.

Provide and maintain external grounds which are suitable for, and safe for use by residents.

This action had been completed in respect of infection control, the external grounds, equipment and provision of handrails, while other works were in the process of completion.

The inspector reviewed infection control arrangements, discussed the practices with staff and found that these were satisfactory on the day of inspection. Staff explained that soiled items were brought to the laundry in closed bags and were not transported through the communal areas of the building. Staff told the inspector that they had undertaken infection control training and this was confirmed by staff training records. There was a sluice room which contained a mechanical sanitising machine. Staff told the inspector that none of the residents used bed pans, but that should the need arise they would be washed in the mechanical bed pan washer. The inspector noted that used incontinence wear was safely stored in a covered bin in a locked room.

The provider was carrying out a variety of works to upgrade the building, some of which were completed, while others were still in progress. Handrails had been fitted to both sides of the link corridor between the main building and the eight bed extension. Remedial works which had impacted on the use of the external courtyard were completed and the courtyard was safe and accessible to the residents. The

person in charge outlined that it was the intention of the provider to carry out further improvements to this area, such as landscaping and the provision of additional outdoor furniture and that this work would be completed by the end of 2011.

Works to renovate and extend the laundry area were in progress and this would provide for the appropriate segregation of clean and soiled items. The washing machine, which had not been operational during the previous inspection, was in working order at the time of inspection.

A passenger lift had been installed in the building and was due to be inspected and commissioned within the coming week.

15. Action required from previous inspection:

Produce a resident's guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

Ensure that the directory of residents includes the information specified in Schedule 3 of the Regulations.

This action had not yet been completed.

The person in charge said that work on the Residents' Guide and the directory of residents was in progress and would be completed by the end of October 2011, ahead of the time frame indicated in the previous action plan.

16. Action required from previous inspection:

Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

This action had been completed.

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents, accidents and changes of the person in charge. Since the last inspection all relevant incidents had been notified to the Chief Inspector by the person in charge.

Report compiled by:

Jackie Warren

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

7 November 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
26 and 27 January 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
8 February 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
10, 11 and 16 August 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
13 September 2012	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Corrandulla Nursing Home
Centre ID:	0332
Date of inspection:	11 and 14 October 2011
Date of response:	1 December 2011

Requirements

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

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

The complaints policy did not meet all of the requirements of the Regulations and contained information that was not accurate.

Action required:

Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

Reference:

Health Act, 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The complaints policy has been corrected and a summary of the policy displayed in both reception areas of the building.</p>	Completed

2. The provider is failing to comply with a regulatory requirement in the following respect:	
Some medication management practices were not appropriate to safeguard residents and increased the risk of medication error.	
Action required:	
Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
Reference:	
<p>Health Act, 2007</p> <p>Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines</p> <p>Standard 14: Medication Management</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A Nurse signature identity sheet is now available within the medication Kardex. Medication Blister packages have now commenced with mars sheets for drug identity. Any computerised transcribed medication charts have been signed by the nurse transcribers and the GP. From now on any medication that is stopped - we will ensure the GP signs and dates appropriately.</p>	Completed

3. The provider is failing to comply with a regulatory requirement in the following respect:	
Risk assessments investigating the risks associated with the use of bedrails for individual residents had not been undertaken and care plans for the use of bedrails had not been developed for some of the residents who had them in place.	

Action required:	
Provide a high standard of evidence based nursing practice.	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 25: Medical Records Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: There are three residents using bedrails at present – for these residents their initial assessment for restraint (bedrails) is completed and kept in the person in charge's office. Monthly assessments have been completed thereafter and kept in their care file along with weekly restraint reviews. Care plans have been developed for the residents using bedrails.	Completed

4. The provider is failing to comply with a regulatory requirement in the following respect:	
The staff personnel files did not contain all the information required in Schedule 2 of the Regulations.	
Action required:	
Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.	
Reference:	
Health Act, 2007 Regulation 17: Training and Staff Development Regulation 18: Recruitment Standards 22: Recruitment Standard 23: Staffing Levels and Qualifications Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>Approximately 50% of staff files have been reviewed and the outstanding documentation acquired. The remaining files are in the process of being completed. The policy has been updated.</p>	<p>December 2011</p>
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5. The provider and person in charge are failing to comply with a regulatory requirement in the following respect:

The Residents' Guide did not set out the terms and conditions in respect of accommodation to be provided to residents and it contained a summary of the contract of care rather than the standard form of the contract as required.

The directory of residents did not include all the required information listed in Schedule three of the Regulations, such as short-term transfers of residents to hospital, the sex of the residents and contact details for some doctors or next of kin.

Action required:

Produce a Residents' guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

Action required:

Ensure that the directory of residents includes the information specified in Schedule 3 of the Regulations.

Reference:

- Health Act, 2007
- Regulation 23: Directory of Residents
- Regulation 21: Provision of Information to Residents
- Standard 1: Information
- Standard 32: Register and Residents' Records

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

Timescale:

Provider's response:

The Residents' guide is completed with the required information specified in Schedule three of the regulations. The directory of residents has been completed.

Completed

Any comments the provider may wish to make:

Provider's response:

We are striving to ensure all Regulations are met.

Provider's name: Michael Hayden

Date: 30 November 2011