Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report Designated Centres under Health Act 2007

Centre name:	Corrandulla Nursing Home
Centre ID:	0332
Centre address:	Old Monastery Corrandulla, Co. Galway
Telephone number:	091 791540
Fax number:	091 789022
Email address:	aishlinghayden@hotmail.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Hayden Healthcare Ltd.
Person authorised to act on behalf of the provider:	Michael Hayden
Person in charge:	Michael Hayden
Date of inspection:	10, 11 and 16 August 2011
Time inspection took place:	**Day-1 Start:** 09:20 hrs **Completion:** 18:00 hrs **Day-2 Start:** 09:20 hrs **Completion:** 16:30 hrs **Day-3 Start:** 09:15 hrs **Completion:** 19:00 hrs
Lead inspector:	Jackie Warren
Support inspector:	Fiona Whyte
Type of inspection:	☒ **Registration** ☒ **Announced** ☐ **Unannounced**

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

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 nine miles from Galway City.

Corrandulla Nursing Home was originally built as a monastery in the mid 1850s. It was purchased in 1990, refurbished and was opened as a nursing home. An eight-bedded 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 34 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.

Since the last inspection the provider has constructed a conservatory type smoking room in the enclosed courtyard.

Bedroom accommodation consists of 19 single bedrooms, six of which have en suite toilet facilities. There is one three-bedded room and there are 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 visitor's are provided separately.

The eight-bedded extension is a self-contained wing which is accessible from the main building and via 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-bedded wing.

There are two sets of 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.

The centre is set in large, well-maintained grounds, containing a large walled orchard. 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.

There is a driveway from the main road to the entrance through a well-maintained large garden and lawn. The ground floor of the centre is wheelchair accessible and there is ample car parking for staff and visitors to the front and side of the building.

Date centre was first established:			1 March 1990	
Number of residents on the date of inspection:			34	
Number of vacancies on the date of inspection:			4	
Dependency level of current residents:	**Max**	**High**	**Medium**	**Low**
Number of residents	4	5	25	0
Gender of residents			**Male (✓)**	**Female (✓)**
			✓	✓

Management structure

The Provider of Corrandulla Nursing Home is Hayden Healthcare Ltd and the designated contact person is Michael Hayden. His daughter Aishling Abed, was appointed as Person in Charge following the inspection on 17 August 2011 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.

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

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act, 2007.

Inspectors met with residents and staff members over the three day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

This was an announced registration inspection, and the centre's third inspection by the Health Information and Quality Authority (the Authority). The reports for previous inspections can be viewed on the Authority's website: www.hiqa.ie.

Inspectors had significant concerns about the care of residents including the management of diabetes, weight management, wound management and responding to behaviour that is challenging. The provider was required to take immediate action to address these issues. The conclusion of the inspection was postponed for a week so that inspectors could ensure that the provider responded adequately to the care and safety needs of these residents. The provider responded promptly to the immediate action plan, outlining the measures which he and the management team would take to address these issues. The inspection recommenced and was concluded on 16 August 2011.

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 this inspection and the continuing non compliance with their legal obligations.

Ashling Abed had been appointed as the new person in charge but had not taken up her post at the time of the inspection. She was scheduled to commence on 17 August 2011. She participated in the fit person interview and told inspectors that she would be working with the provider and nurse manager to make improvements in order to comply with the Regulations. She acknowledged areas where significant improvements were required and outlined the measures which she would put in place to address these issues. She told inspectors that she would review care plans on a weekly basis until a satisfactory level of care planning was reached and that she would conduct regular staff appraisals to inform a training plan.

During this inspection, inspectors also identified non compliance with the Regulations and Standards in the areas of moving and handling, fire safety, infection control, abuse management, staffing levels and staff supervision. Other areas that required improvement included risk management, auditing of accidents, incidents and complaints, notification of incidents and selection and vetting of staff.

Evidence of some good practice was also found. Residents were supported to practice their religious beliefs as they wished. Their civil rights were respected and the person in charge had organised for residents to vote in the general election. A residents' committee had been established as a means of consulting with residents on the running of the centre and a customer feedback survey had been introduced. Residents were offered choices at mealtimes and snacks and drinks were available at all other times. The building was warm and comfortably furnished.

The provider was striving to improve the building and had applied for planning permission to extend and upgrade it. Since the last inspection a conservatory had been constructed for use as a smoking room and a large passenger lift was under construction. The management team had also devised a set of comprehensive policies, as required by the Regulations.

Areas of non compliance with the Regulations are discussed in the report and included in the Action Plan at the end of the report.

Section 50 (1) (b) of the Health Act 2007

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

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

An inspector read the combined statement of purpose and Residents' Guide. The statement of purpose set out the intended aims, objectives and ethos of the centre. However, inspectors found that the provider failed to meet the stated aim of providing a high standard of care and treatment in keeping with best practice and regulatory requirements in the care provided to some residents.

The statement of purpose did not meet all of the requirements of Schedule 1 of the Regulations. For example, the number and size of rooms were not documented and the staffing complement in whole time equivalents was not included. The statement of purpose had been identified as requiring improvement to meet regulatory requirements in both of the previous inspection reports.

Outcome 2

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

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

There were no systems in place to review the quality and safety of care and quality of life of residents through auditing of adverse events.

The inspectors found that there were no audits carried out in areas such as complaints management, falls, incidents and accidents and medication management to identify trends, target improvements and inform learning.

A ‘customer feedback survey’ had been introduced to establish the residents’ level of satisfaction with the service, including food, hygiene, care, laundry and activities. An inspector read the survey results gathered in June 2011, which indicated that residents were satisfied with the service.

Outcome 3
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings
An inspector read the complaints policy which had been updated in May 2011. The policy provided guidance to staff on the management of complaints, but required improvements.

The independent appeals arrangements were not accurate. During the inspection the provider explained that he had identified a new independent person to whom appeals could be addressed and that he planned to amend the policy and procedure accordingly.

Some sections in the policy were not clear. For example, the policy included three versions of the complaints record form and did not provide clear explanations for the use of each form.

Some of the content of the policy was factually inaccurate, such as reference to the ‘HIQA regulations’, and advice that ‘HIQA runs investigations on behalf of the HSE’. The policy also advised that all records of complaints were to be retained for five years before destruction, rather than the required seven years.

The complaints procedure, which explained how to make a complaint and how it would be investigated and managed, was displayed in the reception area and included in the residents’ information booklet. The displayed procedure was written in small print and was not clearly legible.

An inspector viewed the folder in which complaints were documented. It recorded the details of each complaint, the action taken and the complainant’s level of satisfaction.

The complaints procedure had been identified as requiring improvement in both previous inspection reports.

2. Safeguarding and safety

Outcome 4
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.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

The person in charge had not taken adequate measures to protect residents from being harmed and from suffering abuse.

An inspector read the abuse policy which needed some further development as it did not provide clear guidance to staff on what to do in the event of an allegation or suspicion of abuse and how to safeguard residents.

The person in charge had not put adequate arrangements in place to ensure that staff were aware of the procedures for protecting residents from abuse. The training records which inspectors reviewed confirmed that while some staff had received training on the detection and reporting of abuse, others had not. Staff who spoke with inspectors did not know how they would respond if they suspected abuse.

Residents' finances were generally not managed by the person in charge or the management team. There was a policy which explained that small sums of money could be kept in safe keeping for residents in exceptional circumstances. The policy stated that residents were encouraged to keep their money and valuables in the lockable storage areas in their rooms. There was no money being managed for residents at the time of inspection.

Outcome 5
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

There were systems in place relating to the health and safety of residents but these systems did not sufficiently promote or ensure the safety of residents, staff and visitors.

The provider had not taken adequate fire safety precautions to protect residents, staff and visitors'. Inspectors viewed the fire training records and found that all staff had not received up-to-date mandatory fire safety training. Only two of the centre's nurses had received fire training within the past year. The staffing roster showed that one of the nurses who did not have current fire training was regularly rostered for night duty with overall responsibility for the centre at these times, while other nurses without fire safety training were responsible for the centre during the day. None of the management team had received fire safety training since January 2010. Staff who spoke with inspectors were not clear on what to do in the event of a fire. There was no record of fire drills taking place outside of the scheduled annual fire training and staff confirmed this to be the case.

There was no written confirmation from a competent person confirming that the centre was in substantial compliance with all fire and building control statutory requirements. The provider showed inspectors documentation to confirm that the building had been inspected by a fire safety consultant and that some necessary works were in progress to achieve full compliance. It was anticipated that the required remedial works would be completed and that the certification would be issued in late November.

The manual handling training provided to staff was inadequate and could compromise the safety of residents. Not all staff had received this mandatory training. The provider told inspectors that his wife delivered the training in moving and handling to staff. She was qualified as an instructor in moving and handling but had not kept this skill updated. Records indicated that she attended a manual handling instructors' course in 2003 but had not participated in the trainer refresher courses required to keep these skills up to date. During the inspection an inspector observed a staff member lifting a resident incorrectly, presenting a risk of injury to both the residents and the staff member.

There was a health and safety and a risk management policy in place. A staff member was identified as a health and safety officer and she had training for this role. Since the previous inspection she had been working to update the risk management policy and had included a range of risks specific to the centre such as risks associated with smoking, use of the chair lift and risks associated with the current construction work. Risk ratings and control measures were identified for all risks. However, the policy did not include all specific risks identified in the Regulations including self-harm and a resident absent without leave.

The person in charge had put in place adequate controls to monitor all visitors to the building. A visitors' book was maintained and completed daily.

Risk management was identified as requiring improvement to meet the Regulations in both previous inspection reports.

Outcome 6
Each resident is protected by the designated centres' policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings
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 and withholding of medication and arrangements for medication reviews. However, inspectors noted that some aspects of the policy were not being implemented. For example, medication requiring strict controls was not being returned to the pharmacy in a timely manner when no longer required.

An inspector accompanied a nurse on a medication round, observed practices and procedures. Inspectors identified some medication management practices that did not ensure the safety of residents, increased the risk of medication error and were not in line with professional nursing guidelines. For example:

- medication was prepared and administered by two different nurses. The nurse on duty explained the procedure for administering medication. A weekly supply of medication for residents was prepared in advance by a night nurse. The night nurse took the medications from the pharmacy bottles and placed them into individual containers. The nurse on day duty then took the medication from the containers and placed them into a compartmentalised tray for administration. The day nurse then administered the medication without any means of checking or cross-referencing what was being administered. This practice significantly increased the risk of medication error. This weekly dispensing and subsequent administration procedure was not recorded in the medication policy

- the management of medication that required strict controls was reviewed. Inspectors found that there were inadequate controls in place. Medications requiring strict controls were not being individually counted and recorded. They were included in a general check of all medications carried out at each change of shift and specific strict controls had not been put in place

- some medication were not administered at the prescribed times. For example, inspectors found that a medication which was prescribed for administration at a specific time was recorded as having been administered two hours later. There was no explanation recorded to explain this delay

- residents' medication requiring temperature control was stored in a refrigerator in the clinical room which was maintained at a suitable temperature and monitored daily. Some opened medication and supplements stored in the

refrigerator did not have records of the dates when they were opened to ensure that they would be used within their dates of minimum durability

- there was no formal system of medication auditing in place.

Medication management was identified as a significant issue of concern in both previous inspection reports.

3. Health and social care needs

Outcome 7
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings
Inspectors identified a number of significant issues which posed a serious risk to residents' welfare and safety.

Inspectors were concerned that managerial and clinical systems were not in place to ensure the safe delivery of quality care to residents with specific medical needs. Significant improvements were required in residents' assessments and care planning. In general, comprehensive nursing assessments were not being carried out on all residents, detailed additional risk assessments, such as falls risk assessments were not being undertaken and sufficient care plans were not in place to address residents' identified needs. In particular, inspectors had significant concerns about the care of residents including the management of diabetes, weight management, wound management and responding to behaviour that is challenging. The provider was required to take immediate action to address these issues. The provider

responded promptly to the immediate action plan, outlining the measures which he and the management team intended take to address these issues.

Suitable care was not provided to residents, including residents with diabetes, wounds, at risk of falls and weight loss. Inspectors viewed a sample of residents' files. They found that assessments and care plans were not in place to manage a resident's diabetetic condition, leg ulcer and weight loss and appropriate care was not being delivered to the resident.

Residents who were nutritionally compromised were not being routinely weighed, nutritional assessments were not being completed and there were insufficient care plans in place to guide staff in the management and care of these residents.

Some residents were identified as having wounds. There were inadequate wound assessments and no care plans in place to manage residents' wounds.

Adequate measures were not in place to manage residents with behaviour that is challenging and to safeguard them, other residents and staff. During the inspection inspectors observed two residents involved in an episode of physically aggressive behaviour and this episode was not managed appropriately by staff. On reviewing the files of residents with behaviour that is challenging, inspectors found that no assessments had been undertaken and no care plans were in place to manage this behaviour. There were no means of ensuring that these residents were protected on a day-to-day basis.

The information in the residents' files was inconsistent and incomplete. Three-monthly reviews of files were not routinely being carried out. In one file of a resident who had been assessed as having a medium/high fall risk, the falls risk assessment had not been reviewed for a year. While daily nursing notes were being maintained, they were not reflective of the care being given and did not always record the residents' progress. For example, one resident's care plan outlined a type of exercise to be carried out, but the daily notes did not record whether or not the exercises had taken place.

Residents had very limited access to the services of health care professions. At the time of inspection referrals had not been made to appropriate professionals such as dieticians, speech and language therapists, psychiatric services and tissue viability specialists as required. However, the person in charge had made referrals to health care professionals following the issue of the immediate action plan letter to the provider. The provider had recently engaged the service of a physiotherapist on a weekly basis. She was in the process of assessing all the residents and the provider stated that she will train staff to supervise and assist in the implementation of the recommended exercise plans.

The provider stated that he aimed to promote a restraint free environment and only a small number of residents used side rails while in bed. There was a policy on restraint which provided guidance to staff on the use of restraint, including assessments and release times. However, an inspector viewed the file of a resident who used side rails and found that there was no record on file of any assessments

having been carried out or risk management plans put in place to protect the safety of the resident.

Residents had access to general practitioner (GP) services and there was an out-of-hours service available. Residents were encouraged to retain their own GP, but where this was not possible the person in charge assisted them to transfer to a local GP. Review of residents' medical notes showed that GPs visited the centre regularly.

Since the previous inspection the provider had been working to develop a structured activities programme for residents. This programme was at an early stage of development, but the provider outlined plans to make the activity programme more inclusive and to provide stimulating events and activities for all residents, including those with greater dependency and cognitive impairment. He planned for staff to receive training in Sonas (therapeutic activities for older people with dementia or other communication impairment) and in reminiscence therapy. The more independent residents had access to leisure activities. There was a day-care centre close by where a range of activities took place, and any residents who wanted could go there during the day. Various numbers of residents attended the day-care centre. Some of the residents who remained in the centre participated in floor based board games, jigsaw puzzles, bingo or read newspapers.

Healthcare was identified as being a significant issue of concern in both previous inspection reports.

Outcome 8
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.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings
Caring for residents at end of life was regarded as an integral part of the care service provided. Although there were no residents receiving end-of-life care on the days of inspection, inspectors reviewed the procedures and facilities in place to provide this care.

There was a policy in place which provided information on end-of-life care. Although the policy was informative, it required some further development as it did not clearly detail all the practical issues to be addressed when a resident was nearing end of life.

There was a strong link with the local hospice service and the person in charge outlined how the palliative care team provided support and advice when required. Some members of staff had received Further Education and Training Awards Council (FETAC) Level 5 training in palliative care.

There was access to religious ministers for spiritual guidance and annual remembrance services and months mind masses for deceased residents were held in the chapel in the centre.

There was a furnished apartment on site available to families of residents in receipt of end-of-life care.

Outcome 9
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.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings
Residents were offered choices at mealtimes. Clearly written menus outlining three choices of midday meal and two choices of evening meal were placed in accessible locations in the sitting room and dining room. Staff discussed the next days main meal options with residents each evening, when residents chose what they would like to have the following day. Residents could have whatever they wanted for their breakfast, including a selection of cooked breakfasts which were served from 7.30 am to 10.30 am. Some residents told inspectors that they were early risers and liked having their breakfast early, while others liked to stay in bed later and were seen having their breakfast after 10.00 am. Inspectors talked to residents who confirmed that they had enjoyed their meals and that a good selection of food was always offered to them.

The chef discussed the special dietary requirements of individual residents and information on residents' likes, dislikes, dietary needs and preferences was recorded in the kitchen and therefore could be readily shared with other staff. The catering staff got this information from the nursing staff.

Residents could take their meals in a variety of areas including the main dining room beside the kitchen, the day room, or the dining room in the new unit, while a small number of residents chose to have their meals in their rooms. Some residents needed assistance with dining and inspectors saw staff sitting with these residents and assisting them respectfully.

Staff were conscious of the importance of hydration and inspectors saw residents being offered drinks regularly throughout the day. Jugs with a soft drinks and water were available in common areas. Residents told the inspector that they could ask for tea or coffee and snacks at any time.

An inspector read the nutrition policy which was informative and up-to-date. However, residents' weights were not being recorded and nutritional care plans had not been devised for residents who were identified as being nutritionally compromised. This in included in the findings of Outcome 7.

4. Respecting and involving residents

Outcome 10
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings
The management team had formulated new contracts of care which were being agreed with all residents. The contracts outlined the fees to be charged, identified what was not included in the fee, the services which residents could expect to receive and the terms and conditions. Each resident or their representative had recently been given a new contract of care. The person in charge showed an inspector that most of the contracts had been agreed and were signed by the residents or their representative. A small number of the contracts were still being considered by residents and their families and had not yet been returned.

Outcome 11
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.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings
Residents were consulted with and participated in the organisation of the centre. A residents' committee was established in October 2009 to encourage residents to meet and to put forward their views and ideas on how the day-to-day running of the

centre could be improved. The meetings took place approximately twice a year and were attended by 11 - 14 residents. An inspector viewed minutes of the meetings which included residents' interest in organising and attending social events. As a result of these discussions a dance had been organised for residents in a local public house and was due to take place during the coming weekend. Residents told inspectors that they were excited about the forthcoming event and were really looking forward to it. Although minutes of the meetings were retained and were available to residents if they wanted to read them, there was no arrangement to share this information or outcomes with the more dependent and cognitively impaired residents.

The provider had close links with the residents and he knew them very well. He was present in the centre every day, and spent some of this time interacting with residents and encouraging them to voice their views. Throughout the inspection he was seen chatting with individual residents and sitting having a cup of tea with them. He saw this as an opportunity to discuss any suggestions or concerns that residents may have in an informal manner. Residents told the inspectors that they knew the provider well and would raise any issues with him.

Residents' independence was promoted by staff. Inspectors saw staff members assisting residents to walk to the dining room at a leisurely pace. Residents were encouraged to eat their meals independently and were given plenty time to enjoy their meal.

Inspectors found that residents had flexibility in their daily routines and residents said they could decide when to get up and go to bed in the evening and whether to participate in activities available to them. Some residents attended the day-care centre and told inspectors that they enjoyed going there. Residents decided themselves on a daily basis whether they would attend the day-care centre or not.

Residents' religious and political rights were upheld and supported. There was a church in the building which was spacious, with comfortable seating provided for residents. Mass took place in the church every week and one of the residents recited the rosary with a group of residents every day before lunch in one of the day rooms. Residents told inspectors that they enjoyed going to mass and saying the rosary. Arrangements were in place to provide spiritual support to residents of other denominations when necessary. The provider had made arrangements for residents to vote either at the local polling station or by postal vote for residents who were unable to go out to vote.

Residents had access to a range of information sources. There was a plentiful supply of books and newspapers for the residents to read and televisions were available in the sitting rooms. Several residents were reading newspapers and magazines during the day. New orientation boards were displayed in both of the day rooms. These were clear, legible and colourful and provided the day, date, weather and season. Large activity charts had also been recently introduced and were at an introduction phase. They were bright and colourful, and when fully operational would depict the days activities both with words and pictorial symbols. A range of health information leaflets was available in the reception area, providing information on health related topics and on detecting elder abuse.

A hairdresser called to the centre once a month or as required and a beautician called every week. Hairdressing was carried out in one of the bathrooms, which was equipped with a hairdressers' basin. Residents stated that they enjoyed the hairdressers' visits and liked having their hair done.

Adequate arrangements were in place for residents to receive visitors in private. Although there was no designated visitors' room, there was a quite sitting room and two dining rooms where residents could meet with visitors in private if they wished.

Inspectors noted that there were signs on every resident's bedroom door. One side of the sign stated 'knock before entering' and the reverse side stated 'do not disturb'. Staff members were observed knocking on bedroom doors and awaiting responses from the residents before entering. While the management team and staff strived to treat residents in a respectful manner, there was a practice in place which did not promote the privacy of residents. A shower list had been devised to plan for residents to have showers and this was prominently displayed in the dining room.

Outcome 12
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings
Residents were encouraged to personalise their rooms and those who wished, had decorated their rooms with personal belongings, photographs and ornaments. All residents had adequate storage space for clothes and personal possessions and lockable storage space for valuables was also provided.

Residents' clothing was regularly laundered, ironed and returned to their bedrooms. There was a system for the discreet labelling of residents' clothing on admission. Residents who were spoken with during the inspection expressed satisfaction with the service provided.

5. Suitable staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings
Up to the time of inspection, the provider was also the named person in charge. He had reviewed his role and was in the process of transferring this function to one of the nurse managers. This change was in process and the Authority had been notified. The provider confirmed that the new person in charge would take up her position from 17 August 2011.

The post of person in charge was full-time and the incoming person in charge was a registered nurse with the required experience in the area of nursing of older people. She had completed a diploma in Gerontology in 2010 and intended to attend a course in Health Care Management later in 2011.

The new person in charge identified problems within the service and told inspectors of her plans to address them, such as a full review and update of the care planning system, introduction of regular staff appraisals and a training plan and increased supervision of staff practices. Her knowledge of the Regulations and Standards and her statutory responsibilities was sufficiently demonstrated to inspectors during the fit person interview.

Outcome 14
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.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings
Having reviewed staff rosters, observed practice and discussed staffing levels with staff, inspectors were not satisfied that there were adequate numbers of staff on duty to meet the diverse needs of the residents and having regard to the layout of the building. The staff on duty appeared rushed. Inspectors observed that there were insufficient nursing staff on duty to supervise the delivery of care, and care staff did not have enough time to spend supervising residents. There was one chef

on duty on the day of inspection and she was very busy and under pressure in the earlier part of the day when the bulk of the catering was carried out.

Due to low staffing levels, the two nurse managers had been primarily involved in covering nursing shifts and could not spend much time in the management of the centre and the supervision of care. The provider had recognised these deficits and was in the process of recruiting additional staff to address this. He stated that three additional nurses had been recruited who would commence duty within the next one to two months. The nurse managers would then revert to their managerial roles.

Since the previous inspection, alternative arrangements had been introduced to support residents living in the independent living units and they no longer required the assistance of staff from the centre. An alarm/contact system had been installed which was linked to three external people who would address any issues arising in these units, thereby eliminating the need for staff to leave the centre to support these residents.

Inspectors viewed the recruitment, selection and vetting of staff policy and found that it did not include all of the requirements to ensure that staff were suitable for their post such as Garda Síochána vetting, references and evidence of mental and physical fitness. The staff personnel files did not contain all the information required in Schedule 2 of the Regulations such as three references, evidence of qualifications, photographic identification and evidence of the physical and mental fitness of staff to do the work required. Evidence of Garda Síochána vetting of staff was not in place in some of the files. The recruitment and vetting of staff had been identified as requiring improvement in both previous inspection reports.

The provider had measures in place to select and assess the suitability of volunteers. There was a policy for placing of volunteers, which explained categories of volunteers and described the measures which were used to select volunteers and assess their suitability. It also detailed how volunteers would be supervised. The provider explained that there had not been any volunteers in the centre since the policy was devised.

Inspectors noted that staff were knowledgeable about residents and had established good relationships with them. Staff were clear about their roles and responsibilities and they understood the management structure and reporting relationships.

Some induction processes were in place and a recently recruited staff member explained that he had worked alongside a more experienced member of staff to learn the work practices in the centre and to get to know residents. However, there was no process such as induction records to confirm that new staff had reached an acceptable level of competency at the end of their induction training. A manager explained that a more comprehensive induction system was being developed but had not yet been fully implemented.

Although training was provided to staff, it was not always based on the training needs of staff and all staff had not completed the required mandatory training in fire safety. A manager had enrolled staff in an online training programme, which included training in a range of healthcare topics such as dementia care, management of

behaviour that is challenging, communication and abuse training. The training involved online education sessions, completion of an online exam and issue of a certificate if successfully completed. Staff who had undertaken this training told inspectors that they found it useful and informative. Staff files also indicated that other training delivered to staff included training in palliative care, food safety and health and safety. However, some staff had not received mandatory training as detailed in Outcome 4 of this report and the provider had not provided infection control training to staff to enable them to maintain a safe environment as detailed in Outcome 15.

6. Safe and suitable premises

Outcome 15
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

The design and layout of the centre did not comply with all the requirements of the Regulations and Standards. Although there was evidence of good practice, inspectors noted that the laundry in the main building was in need of refurbishment. There were also significant infection control issues identified during the inspection.

The provider was improving and upgrading the building on an ongoing basis. Since the last inspection a staff changing room, bathroom and restroom had been completed and construction of a large lift was in progress. A conservatory had been built in the enclosed courtyard which was connected to the main building by a shelter canopy. This was now the designated smoking area and the practice of smoking in a common area in the main building had been discontinued.

There was a variety of day space including a quite sitting room and a chapel. The sitting rooms were comfortably furnished and domestic in character. Bedroom accommodation was comfortable and all residents had call bell facilities.

The kitchen was well equipped and clean. A food safety management system was in place and catering staff had received training in food safety and hygiene. There was a separate kitchen in the eight-bedded unit where residents could cook for themselves or make a cup of tea as they wished. One resident enjoyed using this kitchen to make cups of tea or coffee for herself, other residents and visitors.

There was an automatic lighting system in place which turned on lights when a person entered the corridors and provided a safer environment for residents and staff using the corridors.

Sufficient assistive equipment was provided to meet the needs of residents, including seated weighing scales, hoists and specialised mattresses. Inspectors viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order. Equipment was appropriately and safely stored when not in use.

While grab rails were fitted in the circulation areas of both buildings and on both sides of the stairs there were no grab rails on the corridor between the original building and the new unit. The absence of grab rails in this area presented a risk to the safety of residents and did not meet the requirements of the Regulations.

Inspectors reviewed the infection control policy and observed cleaning and laundry practices. Although there was an up to date infection control policy, the practices observed posed a serious infection control risk. For example:

- the storage and segregation of laundry and other soiled items were not well managed, and the storage arrangements increased the risk of cross contamination. Clean linen and towels were stored in the laundry room in close proximity to dirty clothes and dirty linen. An uncovered rubbish bin containing waste matter, including used incontinence wear was also located in the laundry area at the time of inspection

- dirty linen and clothes for washing were transported through the sitting room in the eight-bedded unit to the laundry in unsealed containers which could contribute to the spread of infection

- bed pans were cleaned in the sink in the laundry area

- staff did not have sufficient training in infection control. Staff were not clear on laundry temperatures to be used in different situations. It was the practice for staff to wash all items at the same temperature and the temperature was not adjusted according to the nature and risk of the items being laundered. A staff member engaged in laundry duty confirmed that she had received no formal infection control training

- an open clinical waste bin was stored outside one of the external doors where it was readily accessible to residents

- a washing machine in the external laundry area had no plumbed water supply and staff had to transfer water into this machine with a bucket.

Infection control was identified as a significant issue of concern in both previous inspection reports.

The building was situated in a large, well maintained garden, although this area was not secure as it had direct unrestricted access to the main road. The internal courtyard, previously provided a secure outdoor area for residents was not usable for this purpose as there was construction work in progress. No alternative, interim

measures had been introduced to ensure that residents who required it had access to a secure, outdoor area.

7. Records and documentation to kept at a designated centre

Outcome 16
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:
Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings
** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance ☐ Improvements required* ☒

An information booklet which contained a combined statement of purpose and Residents' Guide was available. The Residents' Guide was informative and generally in line with legal requirements. However, it did not lay 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.

Records in relation to residents (Schedule 3)

Substantial compliance ☐ Improvements required* ☒

Records relating to residents health care needs were not well maintained and this is discussed further under Outcome 7.

General records (Schedule 4)

Substantial compliance ☒ Improvements required* ☐

Operating policies and procedures (Schedule 5)

Substantial compliance ☒ Improvements required* ☐

Directory of residents

Substantial compliance ☐ Improvements required* ☒

A directory of residents was maintained but did not include all the required information listed in Schedule 3 of the Regulations. Staff had not recorded short-term transfers of residents to hospital, the sex of the residents and contact details for some doctors or next of kin.

Staffing records

Substantial compliance ☐ Improvements required* ☒

Some staff files did not contain all the information required by Schedule 2 of the Regulations as detailed under Outcome 14.

Medical records

Substantial compliance ☐ Improvements required* ☒

As stated in Outcome 7, there were significant issues identified in relation to residents' files.

Insurance cover

Substantial compliance ☒ Improvements required* ☐

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings
Inspectors found that notifications of incidents were not submitted to the Authority in accordance with the requirements set down in the Regulations. While quarterly returns were being routinely submitted as required, the person in charge and the managers were not clear on what events must be notified promptly to the Chief Inspector. During the inspection, inspectors found evidence that a resident had suffered an injury and other residents had sustained wounds. The person in charge and the managers stated that they did not know that these events were notifiable.

Inspectors reviewed the accident and incident record log book. Details of each accident/incident, observation and treatment, and preventative action were recorded on accident/incident report forms and signed by a nurse and a manager.

The requirement to notify the Chief Inspector of specific events had been included as an area for action in the previous two inspection reports.

Outcome 18
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Inspection findings
There were appropriate arrangements in place for the absence of the person in charge.

The person in charge was newly appointed to the post, and the nurse manager deputised for her in the event of her absence. The provider was aware of his responsibilities to notify the Authority but as yet this was not required.

Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the nurse manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, provider and staff during the inspection.

Report compiled by:

Jackie Warren

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

26 August 2011

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report*

Centre:	Corrandulla Nursing Home
Centre ID:	0332
Date of inspection:	10, 11 and 16 August 2011
Date of response:	19 September 2011

Requirements

These requirements set out the actions that must be taken to meet 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*.

Outcome 1: Statement of purpose and quality management

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

The statement of purpose did not fully reflect the service provided in the centre and did not meet all of the requirements in Schedule 1 of the Regulations.

Action required:

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

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

* 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:
Provider's response: The statement of purpose will be updated to consist of all matters listed in Schedule 1 of the Regulations.	October 2011

Outcome 2: Reviewing and improving the quality and safety of care

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

There were no systems in place to review the quality and safety of care and quality of life of residents by auditing adverse events.

There were no audits carried out in areas such as complaints management, falls, incidents and accidents and medication management to identify improvements and inform learning.

Action required:

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.

Reference:

Health Act, 2007
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Auditing tools have now been formulated. Medication audit number two completed. Further auditing ongoing to improve practices and learning.	December 2011

Outcome 3: Complaints procedures

3. 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

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Complaints policy and procedures amended to include new independent person, further clarify forms for complaints and has removed inaccuracies. Large print display of complaints procedure will be made available.	 September 2011 October 2011

Outcome 4: Safeguarding and safety

4. The provider is failing to comply with a regulatory requirement in the following respect: The provider had not taken adequate measures to protect residents from being harmed and from suffering abuse. The abuse policy did not provide clear guidance to staff on what to do in the event of an allegation or suspicion of abuse.
Action required: Put in place all reasonable measures to protect each resident from all forms of abuse.
Action required: Put in place a policy on and procedures for the prevention, detection and response to abuse.
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Abuse policy and procedure has been updated – all staff have been made aware of the changes and given till 4 October 2011 to have read and understood the policy and know what to do in the suspicion/event and to prevent abuse.	04/10/2011

5. The person in charge is failing to comply with a regulatory requirement in the following respect:

Sufficient arrangements, by training or other measures, had not been taken to ensure staff were informed on the detection and reporting of abuse. Staff did not know how to respond to actual or suspected abuse.

Action required:

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.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 8: Protection

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Online safeguarding vulnerable adults training with examinations are taking place with all staff presently. In addition formal Abuse training is taking place on 12 October 2011 for all staff. An In-house DVD and training guide created by the HSE for abuse training is also circulating between staff members. This DVD will be offered in three sessions to residents also to watch to highlight issues concerning them the residents committee is organising the dates for viewing and will notify family/friends who would also like to watch the training. An abuse audit has been formulated and three surveys based around differing forms of abuse generated for care staff, residents and an independent surveyor who will complete a survey with residents on a quarterly basis to ensure partiality. Once completed staff will be supervised, questioned and appraised on their knowledge, awareness, policies and procedures and ability to safe guard residents from abuse.	04/10/2011

Outcome 5: Health and safety and risk management

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

The provider had not taken adequate precautions to manage the risk of fire such as ensuring all staff had fire training and that there were regular fire drills taking place.

Action required:

Provide suitable training for all staff in fire prevention.

Action required:

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.

Reference:

Health Act, 2007
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Fire training has commenced and been completed majority of staff and some residents. The four remaining staff members will have additional training on 21 September 2011. Quarterly fire drills will be commenced from October once all training is completed and scheduled along with staff rosters. On-line fire training is also taking place with an examination to ensure staff proficiency. First aid training is ongoing and CPR training for all staff will commence on 28 and 29 September 2011.	20/09/2011

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

The provider had not ensured that all staff were trained in the moving and handling of residents.

Action required:

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

Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Formal training on Moving and Handling is ongoing. Some staff has received training on 13 September 2011 and the remainder of staff will receive it on 22 September 2011. Online training with examinations is also taking place to enhance staff knowledge and proficiency.	04/10/2011

Outcome 6: Medication management

8. 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: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Policy will be updated to give clear instructions for verification procedures. Two medications audits have taken place. Nurses are doing safe administration of medication training. Competency assessments have taken place on all nurses. Dossetting system have been removed.	20/09/2011

Outcome 7: Health and social care needs

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

Suitable and sufficient care was not provided to residents in such areas as falls, wounds, weight loss, behaviour issues, wound care and diabetes

The use of restraint was not well managed, in accordance with evidence based nursing practice. There was no record on file of any assessments having been carried out or risk management plans put in place to protect the safety of resident while using restraint.

Daily nursing notes were not reflective of the care being given and did not always record the residents' progress.

Residents had very limited access to the services of health care professions. Referrals had not been made to appropriate professionals as required.

Action required:

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.

Action required:

Provide a high standard of evidence based nursing practice.

Action required:

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

Action required:

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.

Action required:

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

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: Restraint assessments and records are updated in respect of residents who require bedrails. Weights, BM's, Obs are performed weekly. Appropriate assessments to resident's needs carried out and individual care plan's developed. Wounds assessment to be completed at each dressing change and wound CP's updated. Referrals to a variety of specialists have been made – OT, S&L, TVN, Psychiatry, Physiotherapist, Dietician etc. We have a private Physiotherapist that sees our residents in-house. Staff received in-house training from an independent provider on how to write and maintain care plans, assessments and daily reports. Online training for record keeping with examination provided to all staff.	20/09/2011

10. The person in charge is failing to comply with a regulatory requirement in the following respect:

Residents care plans were not appropriate to meet the needs of the residents. Not all residents had comprehensive nursing assessment. Additional risk assessments for identified care needs were not completed.

The use of restraint was not well managed according to evidence based nursing practice. There was no record on file of any assessments having been carried out or risk management plans put in place to protect the safety of resident while using restraint.

Three-monthly reviews of files were not routinely being carried out.

Residents had very limited access to the services of health care professions. Referrals had not been made to appropriate professionals as required.

Action required:

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

Action required:

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.

Action required:

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

Action required: Facilitate each resident's access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Regulation 9: Health Care Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Referrals have taken place as outlined in action nine. Assessment and care plans have been developed in line with residents needs. Staffs have received training by an independent person on how to develop, maintain and review the required documentation. Systems have been put into place for three-monthly reviews of resident care files.	20/09/2011

Outcome 11: Residents' rights, dignity and consultation

11. The provider is failing to comply with a regulatory requirement in the following respect: There was a practice in place which did not promote the privacy and dignity of residents. A shower list had been devised to plan a routine for residents to have showers and this was prominently displayed in the dining room.
Action required: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity

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

Provider's response: This list has been removed and stored in a locked unit - inaccessible to anyone other than staff.	Complete

Outcome 14: Suitable staffing

12. The provider is failing to comply with a regulatory requirement in the following respect: The policy for the recruitment, selection and vetting of staff did not clearly outline all the required criteria. The staff personnel files did not contain all the information required in Schedule 2 of the Regulations.
Action required: Put in place written policies and procedures relating to the recruitment, selection and vetting of staff.
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:**
Provider's response: The policy will be updated accordingly to clearly outline all criteria. Staff files will be reviewed and updated accordingly to ensure all required information under Schedule 2 of the Regulations are available.	November 2011

13. The person in charge is failing to comply with a regulatory requirement in the following respect:

There were inadequate numbers of staff on duty to meet the diverse needs of the residents and having regard to the layout of the building or that there were sufficient nursing staff on duty to supervise the delivery of care.

Action required:

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.

Action required:

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

Reference:

Health Act, 2007
Regulation 16: Staffing
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:**
Provider's response: Two more staff nurses have been recruited and are presently on adaptation placement. Awaiting a third nurse in October for placement. Staff will be reviewed/assessed on an ongoing basis until competencies are proficient and supervised accordingly.	20/09/2011

Outcome 15: Safe and suitable premises

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

The design and layout of the centre did not comply with all the requirements of the Regulations and Standards.

The laundry in the main building was not kept in a good state of repair.

The provider had not taken adequate measures to prevent the risk of infection control, such as:

- the storage arrangements for clean and soiled laundry increased the risk of cross contamination

- dirty linen and clothes for washing were transported through the sitting room in the eight-bedded unit to reach the laundry in unsealed containers which could contribute to the spread of infection
- bed pans were cleaned in the sink in the laundry area
- staff did not have sufficient training in infection control and appropriate laundry temperatures
- an open clinical waste bin was stored outside on the centre doors where it was readily accessible to residents
- one washing machine in the external laundry area had no plumbed water supply and staff had to transfer water into this machine with a bucket.

There were no grab rails on the corridor between the original building and the unit.

The provider had not provided external grounds which were suitable and safe for use by all residents.

Action required:

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

Action required:

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

Action required:

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

Action required:

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

Action required:

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

Reference:

Health Act, 2007
Regulation 19: Premises
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Standard 25: Physical Environment
Standard 26: Health and Safety
Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Staff undergoing training both online with examinations and in-house DVD's until each member of staff has sufficient training. Staffs have a deadline to read and understand infection control policy and procedures including laundry at which point staff will be randomly checked and assessed. Clinical waste bin is locked and resituated. Grab rails already put into place in link corridor. Pedal bin arrangements made for waste. Laundry room under refurbishment presently. Safe grounds areas for residents being developed presently.	November 2011

Outcome 16: Records and documentation to be kept at a designated centre

15. The provider and person in charge is failing to comply with a regulatory requirement in the following respect:

The Residents' Guide did not lay out the terms and conditions in respect of accommodation to be provided to residents and it contains 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 3 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 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.

Action required:

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

Reference:

Health Act, 2007
Regulation 21: Provision of Information to Residents
Regulation 23: Directory of 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: Residents' Guide will be updated to ensure all information required is available and the directory of residents will be updated to include all information required in Schedule 3 of the Regulations.	October 2011

Outcome 17: Notification of incidents

16. The person in charge is failing to comply with a regulatory requirement in the following respect:

Notifications of incidents were not submitted to the Chief inspector in accordance with the requirements set down in the Regulations. Notifications had not been made to the chief inspector of wounds and of a serious injury.

Action required:

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

Reference:

Health Act, 2007
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Wound notifications sent. All required further notifications will be given without delay to the chief inspector.	Immediate and ongoing

Any comments the provider may wish to make:

Provider's response:

None

Provider's name: Michael Hayden
Date: 19 September 2011