Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

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

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:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Michael Hayden
Person in charge:	Michael Hayden
Date of inspection:	8 February 2011
Time inspection took place:	**Start:** 10:30 hrs **Completion:** 18:15 hrs
Lead inspector:	Jackie Warren
Support inspector:	Nan Savage
Purpose of this inspection visit	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☐ Information received in relation to a complaint or concern ☒ 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 well-being 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 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 36 residents living in the centre, four of whom were under 65 years. Some of the residents had dementia.

There is a small entrance hall at the front of the building. Finger print reader access is provided at the front door for security purposes. A small 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 panelled with timber.

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

The original monastery church is retained within the main building and is used by residents and relatives for prayer and reflection. The church is traditional in style with elaborate stained glass windows, church pews, Stations of the Cross, and religious artefacts. Weekly mass takes place in the church.

There is a smoking area within the centre and an enclosed courtyard where residents can smoke. There is a conservatory type smoking room under construction in the courtyard, which is scheduled for completion in March 2011.

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. This part of the building is modern, bright and comfortable, with plants, ornaments and pictures creating a homely atmosphere.

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.

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.

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	36
Number of vacancies on the date of inspection	2

Dependency level of current residents	**Max**	**High**	**Medium**	**Low**
Number of residents	0	2	11	23

Management structure

Corrandulla Nursing Home is owned by Michael Hayden who is the Provider and the Person in Charge. He will be referred to as the Person in Charge throughout this report. The Person in Charge is supported by his son and daughter, Michael F. Hayden and Aishling Abed, who are Senior Nurse Managers reporting directly to him. A team of nurses report directly to the Person in Charge, 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	2	1	0	0

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. The inspection report can be found at www.hiqa.ie, and the centre ID is 0332.

On that inspection, the inspectors found that the centre did not meet all 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 the day to day operational management and governance of the centre.

The person in charge was not fully aware of his obligations under the legislation and the inspectors noted a failure to implement the requirements of the Regulations, such as the development of a statement of purpose and a range of comprehensive, policies and procedures that guided staff practices. The person in charge had failed to submit the legally required notifications to the Chief Inspector.

Inspectors found that significant improvements were required in a number of areas. The person in charge was required to take immediate action in the areas of medication management, risk assessment and care planning. Improvements were required in the management of accidents and incidents. The inspector also found that the building did not comply with all the structural requirements of the Regulations and the Standards. The person in charge informed the inspectors that he was committed to undertaking the necessary improvements to bring the premises into line with legal requirements.

The provider responded to the action plan, outlining measures to address all actions within realistic timeframes and stated that many of the actions were completed.

Summary of findings from this inspection

Overall, inspectors found that the centre did not meet all the requirements of the Regulations and Standards. On this inspection, the inspectors confirmed that the person in charge was working to meet the requirements of the Regulations in respect of the structural issues identified in the first inspection, but many of the significant actions outlined in that report had not been addressed satisfactorily. Since the first inspection, the person in charge had failed to develop a comprehensive statement of purpose and to develop all of policies and procedures required by the Regulations. There continued to be significant issues around medication management and the care planning system was inconsistent, disorganised and did not provide adequate guidance to staff to provide care. A risk management process had not been developed to identify risks and safeguard residents. Some documents requested by inspectors were not readily available and could not be produced when requested. The person in charge had also failed to notify the Chief Inspector of notifiable events.

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

- access to the balcony overlooking the church was securely locked and a resident's bedroom which had access to the balcony had been restructured so that the access had been eliminated
- footplates were in place and in use on wheelchairs for transporting residents
- a handrail had been fitted on the inner wall of the stairway
- measures had been taken to protect the privacy and dignity of residents. Screening curtains were in place in all shared rooms, staff knocked on doors before entering and personal information was no longer displayed publicly in the centre
- three choices of main meals were offered to residents, and these choices were clearly communicated to them
- an emergency plan had been produced
- lockable storage space was provided to all residents who wanted it
- regular staff meetings were taking place
- new staff facilities had been provided. A separate area was being refurbished and the work was almost completed

The following improvements were in progress but required further development:

- a medication management policy had been developed but had not been implemented
- the person in charge had carried out redecoration and refurbishment to the first floor of the building and was continuing to upgrade the ground floor. This included the addition of en suite toilet and hand-washing facilities in three bedrooms. He had applied for planning permission to further extend and refurbish the building
- there was a risk management policy in place which required some further development
- a statement of purpose had been developed, but did not contain all the required information
- a revised Residents' Guide was available but did not contain all of the required information

- a colour coded cleaning system had been implemented, although the infection control policy required further development to provide clear guidance to staff

The following areas had not been satisfactorily addressed:

- notifications of serious incidents and quarterly returns had not been regularly submitted to the Chief Inspector
- auditing systems had not been put in place for significant incidents
- the operational policies as outlined in Schedule 5 of the Regulations were not comprehensive or up-to-date and did not provide clear guidance to staff
- a revised care planning system had been introduced, but the system had not been fully implemented and the care plans were not person-centred, comprehensive, up-to-date and did not provide adequate guidance for staff to deliver care
- medication management practices had not been reviewed and updated in line with best practice
- arrangements had not been put in place to support the residents in the independent living units which did not impact on the staffing levels in the centre
- arrangements had not been put in place for the confidential storage of information relating to staff personnel records
- the complaints procedure had not been revised in line with legal requirements
- suitable activities, based on assessed interests and preferences, had not been made available for residents with dementia and cognitive impairment.

During the course of the inspection the inspectors viewed the policy for the recruitment, selection and vetting of staff and a number of staff files, and found that they did not meet legal requirements. The policy was not dated or signed and did not clearly outline all the required documentation to ensure staff were suitable to work in the centre. The staff personnel files did not contain all of the information required as specified in schedule 2 of the Regulations such as proof of Garda Síochána vetting, full employment history, three written references and photographic identification. These issues have been highlighted in an Action Plan at the end of this report.

Actions reviewed on inspection:

1. Action required from previous inspection:

Devise and implement appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing, administration and disposal of medicines. Put in place a process to ensure that staff are familiar with such policies and procedures once implemented.

This action had not been addressed satisfactorily.

Although a new detailed medication policy had been developed, inspectors found that the medication management process continued to present a risk to the safety of residents and practices increased the risk of medication error. This had been an area for immediate action following the previous inspection. The following deficits were identified by inspectors:

- nurses transcribed residents' medications from the prescription onto the prescribing and administration charts. The nurses did not sign the transcribed lists. There was no evidence that a witnessing nurse had checked the transcribed information. The transcribed list was presented to the general practitioner (GP), who signed each entry individually
- the dose per individual administration of PRN (as required) was stated but the maximum permissible dose per day had not been identified
- the prescription chart stated the frequency when medications were to be administered, such as twice daily, but did not indicate the times of administration
- the nurse signed the prescribing and administration charts when medication was prepared and before it was administered to each resident. This was contrary to the policy
- a register for the recording of medication errors and results of any audits of the medication management process were not available for inspectors to view. The person in charge said that these records were being maintained, but he failed to produce them when requested
- there was no formal process in place for a regular documented review of residents' health and medication by their general practitioners (GPs)
- there was no space on the administration sheets for the recording of comments on withholding or refusing of medication, although a system of using designated symbols to record such occurrences was in place. The recording of refused and withheld medication was not in line with the policy
- there was no photographic identification of residents on the prescribing and administration charts.

2. Action required from previous inspection:

Carry out an immediate risk assessment and take all reasonable measures to prevent accidents to residents in the designated centre.

This action had been completed.

An immediate risk to the safety of residents had been identified by inspectors on the first inspection. A resident's bedroom had direct access to a balcony area overlooking the chapel. The person in charge had been required to take immediate action to address this risk. On this inspection, inspectors found that the bedroom has been restructured to create one single bedroom and a separate corridor had been created leading to the entrance door to the balcony. The bedroom now had no direct access to the balcony and the access door in the corridor was securely bolted and locked.

3. Action required from previous inspection:

Set out the individual needs of residents in care plans developed and agreed with each resident.

Put systems in place to ensure that residents' social, personal and healthcare needs are set out in an individual care plan developed and agreed with each resident.

Keep the resident's care plan under formal review as required by the resident's changing needs.

This action had not been satisfactorily completed.

The care plans were not person-centred, comprehensive and up-to-date and did not provide adequate guidance for staff to deliver care. A new care planning system had been introduced which consisted of a range of templates which were designed to cover comprehensive nursing assessments, additional risk assessments, care plans, interventions, reviews, and medical and nursing notes. The inspectors viewed a sample of the residents' files and noted that while this system was detailed, it was not being used effectively and had not been comprehensively completed. For example:

- care plans did not reflect the problems identified in the assessments or the interventions required to manage them. Some residents' had comprehensive nursing assessments completed but they did not have additional risk assessments carried out such as moving and handling risk assessments. For example, a resident who required assistance to mobilise did not have the type of equipment or the specific techniques required outlined in the care plan and a resident, who was identified as having a high falls risk did not have a care plan in place to address this assessed risk

- some care plans were not person-centred and did not reflect the residents' personalities, likes, dislikes and lifestyles

- there was no evidence that residents were involved in the development or review of their care plans
- daily nursing notes were not detailed, and did not reflect the residents' daily progress
- core assessments and risk assessments were not being regularly reviewed
- records of pre-admission assessments were not maintained in care plans
- there were no assessment or care plans in place for one resident.

4. Action required from previous inspection:

Put in place a comprehensive emergency plan for responding to emergencies.

This action had been completed.

The provider had produced a comprehensive emergency plan which the inspector read. The emergency plan provided guidance to staff on action to take in the event of an emergency and included information to guide staff in the event of the evacuation of residents from the building.

5. Action required from previous inspection:

Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.

Review all written operational policies and procedures at least every three years and with due regard to any recommendations made by the Chief Inspector.

Put in place a process to ensure staff read and understand the policies and procedures once implemented.

This action had not been satisfactorily completed.

Inspectors viewed the available policies and procedures. The policies viewed were brief, were not comprehensive and did not provide sufficient guidance to staff. Many of the policies viewed were not signed or dated to indicate when they had been implemented or reviewed. For example, the admissions policy was not signed or dated and did not contain any guidance on pre-admission assessments or emergency admissions. The communication policy was not signed or dated and did not contain any guidance on communication with residents with communication difficulties. The policies were not written in person-centred language and frequently referred to residents as 'the patient'. Some policies required by the Regulations, such as policies on provision of information to residents and management of behaviour that is challenging were not available.

6. Action required from previous inspection:

Put in place arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

This action had not been completed.

Although accidents, incidents and complaints were being recorded, formal systems for auditing accidents, incidents and complaints to identify trends and improve the quality of service were not in place. This constituted a lost opportunity to prevent further accidents and improve the quality of service. The provider stated that an auditing system would be introduced.

7. Action required from previous inspection:

Put in place a comprehensive risk management policy, which includes the identification and assessment of risks throughout the designated centre.

This action had not been satisfactorily completed.

The inspector reviewed the risk management process and a comprehensive written risk management system had not yet been developed. There was an informative risk assessment manual, which outlined the relevant legislation, different type of hazards and guidance on risk ratings. It also contained a standard risk assessment template. The assessment of risks had commenced, but was predominantly confined to hazards associated with manual handling. A limited number of risk assessments were carried out in other areas such as fire safety and hazards associated with window openings. The risk assessments did not address the specific risks required by the Regulations, such as a resident absent without leave, assault, accidental injury to residents or staff, aggression and violence and self-harm.

The risks identified by inspectors during the last inspection had been satisfactorily addressed as outlined in Action 2 and Action 15 of this report.

8. Action required from previous inspection:

Provide facilities for the occupation and recreation of residents.

This action had not been satisfactorily completed.

The more independent residents had access to leisure activities. There was a day-care centre close to the centre and any residents who wanted could go there during the day. At the time of inspection twelve residents attended the day-care centre. Some of the residents who remained in the centre participated in floor based board games or read newspapers. Several residents sat together in the smoking area for much of the day. There was no recreational schedule. Activities were not planned and assessments of residents' interests, needs and abilities were not used to develop a plan of recreational

events suited to all residents' interests. The needs of residents with dementia or cognitive impairments were not being met and inspectors observed very little engagement with these residents.

9. Action required from previous inspection:

Provide privacy, for residents to undertake personal activities in private.

Arrange for consultation with residents, for example, if they are to be involved in student placement programmes

Some work on this action remained.

Inspectors noted reversible signs on bedroom doors advising people to knock before entering or not to disturb, and saw that knocked and waited for a response before entering residents' rooms. In shared bedrooms screen curtains extended fully around the beds to provide privacy. The person in charge was aware of the importance of consultation with residents about who would be involved in delivering their care. There were no student placements in the centre at the time of inspection. While inspectors did not observe any lists or notices containing personal information displayed throughout the building, they found that residents' personal information was not stored in a secure and confidential manner. Care plans were kept in an unlocked filing cabinet in the main day room.

10. Action required from previous inspection:

Some areas of the building were in poor repair and required redecoration.

There was lack of adequate storage space for storing of residents assistive equipment.

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

Work to address this action was in progress.

The provider had refurbished the first floor of the building. Floor coverings had been replaced though out the first floor to provide a suitable non-slip surface. Rooms and corridors had been painted and new curtains had been hung at many windows. Two single bedrooms had been renovated to include en suite toilets and wash-hand basins and two single rooms were combined to create one larger single room with en suite toilet, shower and wash-hand basin. The accommodation was bright, clean and comfortable. The provider explained that the refurbishments would continue in the ground floor of the building. A conservatory, which would serve as a smoking room, was under construction in the enclosed courtyard. Although the structure was quite close to the exit door, the provider told inspectors that a covered walkway would be constructed to provide residents with sheltered access to the smoking room.

Additional shelving had been provided in an existing store room to help alleviate the storage deficit. The provider told inspectors that he had applied for planning permission to extend the kitchen on the ground floor and to construct four additional bedrooms on the first floor.

11. Action required from previous inspection:

Provide written operational policies and procedures relating to health and safety of residents, staff and visitors, to include and infection control policy outlining the procedures for cleaning and for laundry practices.

Put in place a system to ensure that staff engaged in cleaning and laundry duties read and understand the relevant policies and procedures.

Provide a separate laundry and sluice room in the eight-bed extension.

Arrange for infection control training to be delivered to staff.

Provide adequate changing facilities for staff.

This action had not been satisfactorily completed.

Inspectors reviewed the infection control policy and observed cleaning and laundry practices. Some improvements in infection control practices had been introduced, such as the implementation of a colour coded cleaning system had been implemented, with different coloured mops in use for different areas of the building to reduce the risk of cross infection. The practice of laundering in the sluice room in the eight-bedded unit had been discontinued.

However, the inspectors noted some practices which posed an infection control risk.

The infection control policy was not up-to-date and did not provide clear guidance to staff on all aspects of infection control such as temperatures to be used when washing different categories of laundry.

The inspector spoke with a staff member responsible for cleaning and while staff told inspectors, and training records indicated, that in-house infection control training had taken place, some of the practices observed posed an infection control risk. For example:

- the same cleaning cloth cleaning cloth was being used in different areas, increasing the risk of cross contamination
- the practices in place were not consistent with the infection control policy. Staff stated that commodes were cleaned once each week, while the policy stated that commodes should be cleaned after each use.

There were not staff changing facilities and staff reported that they usually wore their uniforms to and from work. However, the provider had designated an adjacent flat which was being refurbished for use as a staff changing area with toilet and shower facilities. The inspectors saw that his work was nearing completion.

12. Action required from previous inspection:

Provide food which and drink which is consistent with each resident's individual needs.

This action had been completed in respect of meal choices but other improvements were identified during this inspection.

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. During the inspection inspectors talked to residents who confirmed that they had enjoyed their meals and that a good selection of meals was always offered to them.

While the chef was knowledgeable about residents' likes, dislikes and dietary needs, this information was not recorded in the kitchen and therefore could not be readily shared with other staff. He stated that the staff nurse advised him of the dietary needs and preferences of newly admitted residents. The chef did not maintain records of the food provided to residents or of any special diets prepared for individual residents. While he had a record of all the residents' meal choices for the day, he stated that he disposed of them at the end of each day and did not retain them, as required by the Regulations.

13. Action required from previous inspection:

Review the arrangements in place for responding to calls from the independent living apartments so that staffing levels in the centre are not depleted.

This action had not been satisfactorily completed.

Staff from the centre provided support to residents in the independent apartments if required. This reduced the staff available in the centre. The provider stated that residents in the apartments contacted the centre by telephone if they needed assistance. He explained that staff would in the first instance try to resolve the request over the phone and would refer the request on to the appropriate person. For example, staff advised the GP or ambulance service would be called if there was a medical emergency and environmental or household issues were referred to a tradesman. He said that staff went to the independent units as a last resort and this procedure then reduced the staff available in the centre. He explained that the residents in independent living unit were fully independent and very rarely called the centre for assistance. However, in an emergency staff from the designated centre would have to leave the centre to attend to residents.

The provider also confirmed that at weekends staff brought meals to some residents in the independent living units. There were no arrangements in place to ensure that this did not impact on the provision of care to residents in the centre. The person in charge was in the process of recruiting a caretaker/maintenance person who would be responsible for responding to all calls from the independent units. He told inspectors that when this person was appointed that staff would not have to leave the centre to support residents in the independent units.

14. Action required from previous inspection:

Compile a written statement of purpose, including a statement as to the matters listed in Schedule 1 of the Regulations.

This action had been partially completed.

The provider had developed a statement of purpose. However, the new statement of purpose did not contain all the information required in Schedule 1 of the Regulations. For example, it did not contain:

- the up-to-date maximum numbers of residents to be accommodated in the centre
- the age-range and sex of residents to be accommodated in the centre
- the name and position of each other person participating in the management of the centre
- the total staffing complement in whole time equivalents
- admission criteria.

15. Action required from previous inspection:

Put in place systems to control specified risks identified including accidental injury to residents.

This action had been completed.

All wheelchairs in use at the time of inspection were noted to have footplates and safe moving and handling techniques were observed by inspectors.

16. Action required from previous inspection:

Provide handrails on the inner side of the staircase where the chair lift is provided.

This action had been completed.

A handrail was fitted on the inner wall of the main stairway.

17. Action required from previous inspection:

Notify the Chief Inspector immediately of the occurrence in the designated centre of any serious injury to a resident and any allegation of misconduct by the registered provider or any person who works in the designated centre.

This action had not been satisfactorily completed.

No incidents of serious or personal injury to residents had been notified to the Chief Inspector, although records of such injuries were recorded in the accident and incident register. Quarterly returns had not been regularly submitted to the Chief Inspector. The person in charge had only submitted one quarterly return in November 2010.

18. Action required from previous inspection:

Produce a written guide, referred to as 'the Residents' Guide' to include all the information as required in the Regulations.

This action had been partially completed, but required some further development.

The Residents' Guide was incorporated into the statement of purpose in a combined document. While the guide contained much of the required information for residents, some information was absent. The guide did not contain a copy of the most recent inspection report and a copy of the contract of care was not included.

19. Action required from previous inspection:

Store all confidential records relating to staff issues in a secure, safe manner.

This action had not been completed.

In addition, when reviewing the complaints register, inspectors noted that staff disciplinary issues were recorded in this register. These records were available for all staff to view and were not maintained in a confidential manner.

20. Action required from previous inspection:

Put in place a complaints procedure with an independent appeals process.

Maintain a complaints register in accordance with the Regulations, which includes action taken and outcomes for the residents.

This action had not been completed.

The complaints procedure was displayed in a prominent position in the reception hall. The procedure was not in line with the requirements of the Regulations, as it did not outline an independent appeals process. Inspectors read the register of complaints and noted that it did not record whether complainants were satisfied with the outcome of investigations. Records of occurrences other than complaints, such as incidents and staff issues were recorded in the complaints register. There was no formal process in place for auditing and monitoring complaints therefore there was no evidence of learning and improving practice as a result of monitoring complaints.

21. Action required from previous inspection:

Provide lockable storage space for each resident.

This action was in progress.

The provider told inspectors that he spoken with residents to establish their needs and preferences for lockable storage. Residents who wanted to manage the storage of their own personal valuables were supplied with either small lockable storage safes or lockable lockers. Residents told inspectors that they had been offered this choice and residents who had opted for their own storage units were happy with the outcome. Eleven residents had received personal lockable storage facilities in their rooms. The provider stated that he intended to continue to install lockable facilities until they were available to all residents.

22. Action required from previous inspection:

Provide staff with an opportunity to share information, as part of their education and training, to enable them to provide care in accordance with contemporary evidence based practice.

This action had been partially completed.

Staff told inspectors that they attend staff meetings every two to three months. They stated that the meetings were informative and they felt that they could raise any issues at the meetings and that they would be addressed. Minutes of these meetings were not being recorded and were not circulated to staff as a form of learning and review.

Report compiled by:

Jackie Warren

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

2 March 2011

Chronology of previous HIQA inspections	
Date of previous inspection	**Type of inspection:**
26 and 27 January 2010	☐ Registration ☒ Scheduled ☐ Follow up inspection ☐ Announced ☒ Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to additional inspection report*

Centre:	Corrandulla Nursing Home
Centre ID:	0332
Date of inspection:	8 February 2011
Date of response:	27 June 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 has failed to comply with a regulatory requirement in the following respect:

Although a new detailed medication policy had been developed, inspectors found that the medication management process continued to present a risk to the safety of residents and practices increased the risk of medication error.

Action required:

Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

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

Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Medication policy will be updated and staff will be made aware of discarding, returning medications to pharmacy and appropriate storing of medications.	August 2011

2. The provider and person in charge have failed to comply with a regulatory requirement in the following respect: The care plans were not person-centred, comprehensive and up-to-date and did not provide adequate guidance for staff to deliver care. There were no assessments or care plans in place for one resident.
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: 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.
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All residents will be assessed and care plans developed with the resident. Reviewing them three monthly or as required and stored in a safe environment. Nursing records are maintained daily.	August 2011

3. The provider has failed to comply with a regulatory requirement in the following respect:
Some policies required by the Regulations, such as policies on provision of information to residents and management of behaviour that is challenging had not been developed. The policies that had been developed were brief, were not comprehensive, were not up to date and did not provide sufficient guidance to staff.
Action required: Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.
Action required: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.
Reference: Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Policies and procedures will be reviewed updated and the policies outlined in Schedule 5 will be done. August 2011 should see the completion of any undocumented policies and procedures with reviews then carried out every three years during the course of that third year.	August 2011

4. The provider has failed to comply with a regulatory requirement in the following respect:

The policy for the recruitment, selection and vetting of staff did not reflect the legal requirements of the Regulations. It was not dated or signed and 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 18: Recruitment
Standards 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The policy and procedure for staff recruitment/selection and vetting will be updated and the relevant information inserted. Further staff will be informed of the relevant information missing from files and to provided it within a timescale or proof of sending i.e. Garda Síochána vetting. October 2011 to give the time required to get Garda clearance.	October 2011

5. The provider has failed to comply with a regulatory requirement in the following respect:

Formal systems for auditing accidents, incidents and complaints to identify trends and improve the quality of service were not in place.

Action required: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.
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: Formal auditing documentation will be created and auditing of care practices will commence.	August 2011

6. The provider has failed to comply with a regulatory requirement in the following respect: The risk management policy did not address the specific risks required by the Regulations, such as a resident absent without leave, assault, accidental injury to residents or staff, aggression and violence and self-harm. Other risks assessments were limited and there was not a full risk assessment of the environment.
Action required: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.
Action required: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures 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: The current policy will be updated.	 October 2011

7. The provider has failed to comply with a regulatory requirement in the following respect:

Activities were not planned and assessments of residents' interests, needs and abilities were not used to inform a range of recreational events suited to all residents' interests, including with residents with dementia and cognitive impairment.

Action required:

Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
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: We will expand our current activities and form social plan with each resident for their likes. Some staff will be trained in activities for older people and will help to develop the activities within the centre.	 August 2011

8. The provider has failed to comply with a regulatory requirement in the following respect:

The infection control policy was not up to date and did not provide clear guidance to staff on all aspects of infection control. Some of the practices observed posed an infection control risk. For example:

- the practices around the cleaning of commodes were not consistent with the infection control policy
- the same cleaning cloth cleaning cloth was used in different areas, increasing the risk of cross contamination

Action required:

Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

Reference: Health Act, 2007 Regulation 30: Health and Safety Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Policy and procedures will be expanded and staff training in infection control will take place. Staff will be spot checked on their uses of policies and procedures.	August 2011

9. The provider has failed to comply with with a regulatory requirement in the following respect: The chef did not maintain records of the food provided to residents and of any special diets prepared for individual residents.	
Action required: Maintain records of the food provided for residents in sufficient detail to enable any person inspecting the record to determine whether the diet is satisfactory, in relation to nutrition and otherwise, and of any special diets prepared for individual residents, as outlined in schedule 4 of the Regulations.	
Reference: Health Act, 2007 Regulation 22: Maintenance of Records Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Special dietary sheets with specific needs of certain residents will be developed and put into action with kitchen staff – menus are on display in sitting rooms and what residents have taken for the day will be documented in their daily record.	August 2011

10. The person in charge has failed to comply with a regulatory requirement in the following respect: There were no arrangements in place to ensure that the deployment of staff should residents in the independent living units require support did not impact on the provision of care to the residents in the centre.	
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.	
Reference: Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We have sourced and installed a new electronic alarm system for each independent unit so that no staff member will be removed from the centre for those units.	In place

11. The provider has failed to comply with a regulatory requirement in the following respect: The statement of purpose was not comprehensive, and it did not contain all the information outlined 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	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**

Provider's response: The statement of purpose will be revised and additional information inserted.	August 2011

12. The person in charge has failed to comply with a regulatory requirement in the following respect: No incidents of serious or personal injury to residents had been notified to the Chief Inspector. Quarterly returns have not been regularly submitted to the Chief Inspector.
Action required: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.
Action required: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation of misconduct by the registered provider or any person who works in the designated centre.
Action required: Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre any incident that the Chief Inspector may prescribe.
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: Notifications will commence as required.	Immediate

13. The provider has failed to comply with a regulatory requirement in the following respect:

The Residents' Guide did not contain all of the required information for residents.

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.

Reference:

Health Act, 2007
Regulation 21: Provision of Information to Residents
Standard 1: Information

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The current Residents' Guide will be expanded to include the required information outlined.	September 2011

14. The provider has failed to comply with a regulatory requirement in the following respect:

Confidential information was not stored in a secure manner. Residents' files were kept in unlocked filing cabinets in the dayroom and were not securely and confidentially stored. Staff disciplinary issues were not maintained in a confidential manner.

Action required:

Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

Reference:

Health Act, 2007
Regulation 22: Maintenance of Records
Regulation 25: Medical Records
Regulation 10: Residents' Rights, Dignity and Consultation
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 information will be kept secured and staff have been informed not to leave the cabinet open at any time unless present updating files. Staff disciplinary issue documents will in future will be documented in a sheet format and not the current ledger format and kept in the managers office.	July 2011

15. The provider has failed to comply with a regulatory requirement in the following respect: The complaints procedure was not in line with the requirements of the Regulations, as it did not outline an independent appeals process. The register of complaints did not record whether complainants were satisfied with the outcome of investigations.
Action required: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.
Action required: Make available a nominated person in the designated centre to deal with all complaints.
Action required: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.
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: Our complaints procedure will be updated to include the highlighted issues.	July 2011

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 24: Training and Supervision	Consider circulating the minutes of staff meetings to all staff as a form of learning and sharing information.
	Provider's response Minutes are currently available for all staff to view at any time they wish. Minutes for meeting are published within 2 weeks of the meeting completion. Staff not attending the compulsory meetings are encouraged to view the minutes and discuss them with colleagues.

Any comments the provider may wish to make:

Provider's response:

None

Provider's name: Michael Hayden
Date: 26 June 2011