

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Corbally House Nursing Home
<b>Centre ID:</b>	OSV-0000414
<b>Centre address:</b>	Mill Road, Corbally, Limerick.
<b>Telephone number:</b>	061 343 267
<b>Email address:</b>	corballyhousenh@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Richard Ryan
<b>Provider Nominee:</b>	Richard Ryan
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	40
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
08 November 2016 10:20	08 November 2016 18:20
09 November 2016 09:00	09 November 2016 17:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Non Compliant - Moderate
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

This report sets out the findings of an announced registration inspection of Corbally House Nursing Home by HIQA. The provider had applied to change the entity from a sole trader to a limited company and to register the centre as a limited company. There had been no change to the person in charge, provider nominee and Assistant Director of Nursing (ADON) since the last inspection. During the inspection the

inspector met with the provider nominee, the person in charge, the ADON, residents, relatives, the chef and numerous staff members. The inspector observed practices, the physical environment and reviewed all governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records to inform this application. The provider, person in charge and the staff team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents.

There was a clearly defined management structure in place. The management team were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the centre. A large number of questionnaires were received from residents and relatives and the inspector spoke to numerous residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided. Residents stated that they felt safe and secure, their opinions were valued and food was great. Relatives said there was a lovely atmosphere in the centre when they visit and kindness and humour was evident throughout. One relative said the person in charge was always very welcoming, open to suggestions and was always introducing new initiatives to better the lives of the residents. Family involvement was encouraged with relatives and residents stating they are welcomed at any time. The inspector saw numerous visitors in and out of the centre during the two day inspection. The inspector found the premises; fittings and equipment were clean and well maintained. There was a good standard of décor throughout and numerous decorative pictures, ornaments and touches added to the homely feel of the centre.

There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Resident's health and social care needs were met. Residents had comprehensive access to (GP) services, to a range of other health services, and the nursing care provided was evidence-based. Residents could exercise choice in their daily life and were consulted with on an on-going basis. Residents could practice their religious beliefs. In summary, the inspector was assured that the centre was generally operating in compliance with the current conditions of registration granted to the centre.

The inspector identified aspects of the service requiring improvement to enhance the findings of good practice on this inspection. These are discussed under the outcome statements. The related actions are set out in the Action Plan under the relevant outcome which included issues with the completion of an annual review, the updating of the complaints policy and the review of staffing levels in the evening time. These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The provider was required to complete an action plan to address these areas.

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

***Outcome 01: Statement of Purpose***

*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.*

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose and function was viewed by the inspector, and it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. However the statement of purpose and function did not describe the aims, objectives and ethos of the centre, nor did it include the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 and the arrangements for the management of the centre in the absence of the person in charge. Therefore it did not meet the requirements of legislation.

**Judgment:**

Non Compliant - Moderate

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider applied to change the entity from a sole trader to a limited company. The

provider, person in charge and the staff team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents. There was a clearly defined management structure in place. They were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the centre.

The management team and staff demonstrated a commitment to continual improvement and quality assurance. The person in charge had introduced a quality management system and was recording weekly collection of data on quality of care issues such as falls, pressure areas, restraint, responsive behaviours and numerous other areas. There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge and staff in areas such as medication management, responsive behaviour, restraint, care plans, fire prevention, pressure ulcer audit and falls audit. There was evidence of actions taken as the result the audits to improve the quality of care for the residents. The person in charge and ADON regularly received feedback from residents and relatives via the residents forum and through individual consultation and the inspector was informed that issues identified were generally actioned and resulted in improvements to the service provision

Although the provider and person in charge had introduced a quality management system they had not completed an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2015.

**Judgment:**

Non Compliant - Moderate

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. 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.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A sample of residents' contracts of care were viewed by the inspector. The inspector found that contracts had been signed by the residents/relatives and found that the contract was clear, user-friendly and outlined all of the services and responsibilities of the provider to the resident and the fees to be paid. The contracts also detailed what was included and not included in the fee and were found to meet the requirements of legislation.

A Residents' Guide was also available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

**Judgment:**  
Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**  
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.

The inspector interacted with the person in charge throughout the inspection process. There was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a day-to-day basis. The inspector was satisfied that she was a registered nurse, was suitably qualified and had a minimum of three years experience in nursing of the older person within the previous six years, as required by the regulations. She has a commitment to her own continued professional development as she regularly attended relevant education and training sessions which was confirmed by training records.

Staff, residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable and were confident that all issues raised would be managed effectively. They confirmed she always made herself available to them whenever they needed to discuss anything with her.

**Judgment:**  
Compliant

***Outcome 05: Documentation to be kept at a designated centre***

***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against***

***accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Residents' records were reviewed by an inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

The designated centre had recently updated and implemented all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and these are reviewed and updated at intervals not exceeding three years as required by Regulation 4. The inspector viewed the insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

The person in charge informed the inspector that they had really tightened up on their recruitment process and no staff commenced employment until satisfactory Gardaí vetting, references and all the requirements of schedule 2 of the regulations had been attained. The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

The inspector was satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge***  
***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.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There had been no instances since the last inspection whereby the person in charge was absent for 28 days or more and the person in charge was aware of the responsibility to notify HIQA of any absence or proposed absence.

Suitable deputising arrangements were in place to cover for the person in charge when she was on leave. The ADON who is in the post of ADON for a number of years was in charge when the person in charge is on leave. The inspector met and interviewed the ADON during the inspection and she demonstrated an awareness of the legislative requirements and her responsibilities and was found to be a suitably qualified and experienced registered nurse.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

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

**Theme:**

Safe care and support

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

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

**Findings:**

Inspectors were satisfied that there were general measures in place to safeguard residents and protect them from abuse. The inspector reviewed the centre's policy on suspected or actual abuse which had been updated in July 2016. The inspector reviewed staff training records and saw evidence that staff had received up to date mandatory training on detection and prevention of elder abuse and training was taking place in the centre on the day of the inspection which included safeguarding and restraint. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. Staff confirmed there was a policy of zero tolerance to any forms of abuse in the centre.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. On the previous inspectors reviewed the systems in place to safeguard resident's finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in

a locked safe in the administration office, however monies were stored in envelopes with the name of the resident and signatures for lodgements and withdrawals were documented on the envelopes only, therefore there was no record of monies lodged or withdrawn when the envelope was disposed of following use. This system was found not to be sufficiently robust to protect residents or staff. On this inspection a more robust system was in place and very limited money and possessions were handed in for safe keeping. A locked cupboard or safe was provided in residents rooms if they wanted to store their own belongings securely.

A policy on managing responsive behaviours was in place. The inspector saw training records and staff confirmed that they had received training in responsive behaviours and specialist dementia training. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The support of the community psychiatry service was availed of as appropriate to residents needs as was discussed under outcome 11. The records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed in a very dignified and person centred way by the staff using effective de-escalation methods.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. There was only one resident using restraint at the time of the inspection. The inspector noted that signed consent in relation to the use of restraint had been obtained from residents, where possible. Review of use of restraints was ongoing. The person in charge demonstrated documentation which detailed OT assessments for residents requiring restraint in specialist chairs. Different specialist chairs were trialled but these were unsuccessful. Families were involved in the assessment procedure and gave feedback regarding the process. Further on-going assessment is required to ensure when restraint is used it is the least restrictive alternative. The inspector saw that the person in charge and staff promoted a reduction in the use of bed-rails, at the time of the inspection there were no bed-rails in use and the inspector saw that alternatives such as low low beds, crash mats, bed wedges and bed alarms were in use for a number of residents. Regular checks of all residents were being completed and documented.

**Judgment:**  
Compliant

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

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be comprehensive. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the building. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. The inspector saw that fire training was provided to staff within the last year and a fire drill was conducted in August 2016. The actions taken and outcome of the fire drill were documented, therefore there was a record of learning from the drill and improvements required as a result. The inspector examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment and fire alarms had been tested on various dates in 2016. The inspector saw that there were individual resident personal evacuation plans detailing residents level of mobility and level of assistance required and included a photo of the resident.

Accidents and incidents were recorded on incident forms and were submitted to the person in charge and there was evidence of action in response to individual incidents. There were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on corridors.

There was a centre-specific emergency plan that took into account all emergency situations and where residents could be relocated to in the event of being unable to return to the centre. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency and assessments for pressure ulcer formation. The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced.

The environment was observed to be very clean and personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. Hand hygiene training was on going and staff demonstrated good hand hygiene practice as observed by the inspector. Arrangements for the disposal of domestic and clinical waste management were appropriate.

The health and safety of residents, visitors and staff was generally promoted and protected. The health and safety statement seen by the inspector was centre-specific dated July 2016. The risk management policy as set out in Schedule 5 included all the requirements of Regulation 26(1) in that the policy did cover, the identification and assessment of risks and the precautions in place to control the risks identified. And it included the measures and actions in place to control the following specified risks, 1) Abuse, 2) the unexplained absence of a resident, 3) accidental injury to residents or staff, 4) aggression and violence, and 5) self-harm.

Records viewed by the inspector indicated that staff had received up to date moving and handling training. Hoists were serviced on a regular basis as required by legislation and records of same were seen by the inspector. The inspector observed staff assisting residents using the hoists which was completed in a safe manner following best practice

guidelines.

**Judgment:**  
Compliant

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**  
Safe care and support

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

**Findings:**

The medication trolley was secured and the medication keys were held by the nurse in charge. The inspector observed a nurse administering the lunch time medications, and this was generally carried out in line with best practice. Medications were prescribed and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. The inspector did a count of controlled medications with the nurse which accorded with the documented records.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. On the previous inspection some medications for PRN (as required) administration did not reference maximum dosage over a 24hr period, on this inspection this was seen to be in place. The pharmacist supplying the centre attended regularly, completed medication audits and was involved in staff education. A list of medications which cannot be crushed formed part of their medication management protocol.

There was a 'medication management competency drug rounds' audit for nurses which was completed by the person in charge as a quality assurance initiative to ensure best practice was completed with all nurses. There was evidence on the medication prescription sheets of regular review of medications by the GP's. Medication errors were recorded and there was evidence that appropriate action was taken as a result of same. Nursing staff undertook regular updates in medication management training as evidenced by training records.

Medications were supplied and administered from a monitored dosage system however there was no references or resources readily available for the nurse to confirm prescribed medication in the compliance aid such as a physical description of the medication or a colour photograph of the medication as is required by An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). In the event of needing to withhold or replace a medication that was dropped.

**Judgment:**  
Substantially Compliant

**Outcome 10: Notification of Incidents**  
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 have continued to be reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents as required.

**Judgment:**  
Compliant

**Outcome 11: Health and Social Care Needs**  
*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**  
Effective care and support

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

**Findings:**  
Residents had a choice of General Practitioner (GP) and some residents continued to have their medical care needs met by their GP prior to their admission to the centre. Residents also had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and

ophthalmology services. Residents in the centre also had access to the specialist mental health of later life services. The inspector met and spoke to one of the consultant psychiatrists during a previous inspection who informed the inspector that they regularly attended the centre to review and follow up residents with mental health needs and residents who displayed behavioural symptoms of dementia. Treatment plans were put in place which were followed through by the staff in the centre. Other members of this team such as the community psychiatric nurses also assessed residents referred to them and reviewed other residents on a regular basis as follow-up to consultations they completed.

The inspector saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Each resident's needs were determined by comprehensive assessment with care plans developed based on identified needs. Care plans were updated in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process and the inspector was informed that was the case by residents and relatives and there was evidence of same in their notes.

The inspector saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. There was evidence that non-verbal residents experiencing pain had a pain assessment completed using a validated assessment tool. Pain charts in use reflected appropriate pain management procedures. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs. They contained the required information to guide the care and were regularly reviewed and updated to reflect residents' changing needs. There was evidence that residents and their family, where appropriate participated in care plan reviews. The inspector found that the care plans guided care and were person centred and individualised. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. Nursing staff advised the inspector that there were no residents with pressure sores or major wounds at the time of inspection. Staff had access to support from the tissue viability nurse if required.

**Judgment:**  
Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents,***

***conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

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

**Findings:**

Corbally House is a Georgian building with a new extension and can accommodate 41 residents. It was located on the outskirts of Limerick city in a residential area on the banks of the river Shannon, which some residents' bedrooms overlook. There was a homely atmosphere and the décor was warm and comfortable and in keeping with this period house. The outdoor landscaped gardens were located to the front and side of the centre and there was an enclosed winter garden with glass walls and glass ceiling for light and sunshine which was a focal point in the centre and enjoyed by residents and relatives. The garden may be accessed through several exists and there are seating areas and pathways for residents to walk on. There was a secure outdoor courtyard by the front entrance with garden furniture, bird tables and potted plants.

Private accommodation comprised of 35 single bedrooms, 20 of which had en suite shower, toilet and wash-hand basin facilities provided; the remaining residents were accommodated in three twin rooms. Resident accommodation was over two floors with the majority of the residents residing on the ground floor.

Upstairs accommodation comprised of four single bedrooms and one twin bedroom with shower, toilet and wash-hand basin en suites; there was a seating area with comfortable chairs, table and fireplace with views of the front entrance and garden area. There was a large sitting room down stairs, a dining room and other seating areas around the centre. An oratory with adjoining quiet space for reflection was available and mass was said weekly.

Residents' bedrooms were discreetly but highly personalized with memorabilia and residents had good access to televisions, radios, papers, magazines and a well stocked in-house library. Access to and from the centre was secure. The physical environment was designed in a way that was consistent with the design principles of dementia-specific care. Signage and cues were used to assist with perceptual difficulties and orient residents. For example, toilets, bedroom doors, lounges and dining rooms had pictures and signage used to assist residents to locate facilities independently. The corridors were wide and bright and allowed for freedom of movement. There was adequate lighting and ventilation and an appropriate heating system in place in the centre.

A chair lift was provided between floors and this was serviced regularly records of servicing were available at the time of the inspection. The inspector saw that residents had access to equipment that promoted their independence and comfort. Equipment seen by inspectors was found to be fit for purpose and up-to-date service records were available for all equipment on the day of the inspection.

On the previous inspection the inspectors identified the following issues that required immediate action such as. The doors to a number of bedrooms and a lounge were held open by wooden wedges, chairs, waste bins and other items which posed a risk to residents in the event of fire. The laundry was identified as requiring review and action. A review of storage was required as there were inappropriate items stored on the shelves, cupboards and floor in the laundry room. The cleaners' trolley was stored in that it obstructed the hand wash sink and work-flow practices in the laundry. On this inspection the inspectors found that wedges and other inappropriate items were removed and fire certified door hold backs that were connected to the fire alarm had been installed to fire doors. The laundry was far more accessible and all items were removed that did not require to be stored there. There was easy access to the hand wash sink and the laundry staff were knowledgeable and complied with best practice in infection control.

**Judgment:**  
Compliant

***Outcome 13: Complaints procedures***

***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.***

**Theme:**  
Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found there was a complaints process in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. The process included an appeals procedure. The complaints procedure, which was prominently displayed, met the regulatory requirements. However the policy differentiated between verbal and complaints of a significant nature, directing that verbal complaints to be just documented in residents records. This is contrary to the requirements of legislation which states that complaints are properly recorded and that such records are in addition to and distinct from a resident's individual care plan. The actual practice in the centre is that all complaints are logged in the complaints log. The inspector viewed a comprehensive complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

Residents and relatives all said that they had easy access to the person in charge who was identified as the named complaints officer to whom they could openly report any concerns and were assured issues would be dealt with. The person in charge stated that she monitored complaints or any issues raised by being readily available and regularly

speaking to residents, visitors and staff. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded. Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint.

There was an independent appeals person nominated and the policy had been updated to include the facility to refer to the Ombudsman if required.

**Judgment:**

Substantially Compliant

***Outcome 14: End of Life Care***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The policy on end of life was viewed by the inspector and found to be comprehensive and directed staff to give a high standard of evidence-based appropriate care to residents and their relatives at any stage of end-of-life care from a practical, emotional and spiritual perspective.

The inspector observed, and residents and relatives reported, that residents' religious and spiritual needs were well provided for. Mass took place in the centre on a regular basis. Prayers and the rosary were held at different times of the day and residents confirmed their enjoyment of these. Residents from other religious denominations were visited by their minister as required. Residents had chosen to convert a sitting room into a prayer multi-purpose room and confirmed their enjoyment and use of same.

Residents who spoke with the inspector relayed positive feedback with regard to their care, access to the staff and their freedom to speak with the person in charge and staff regarding any issue. Referrals to specialist services were evidenced and residents had access to palliative care services. Notes reviewed demonstrated that residents were reviewed in-house, had timely access, interventions and follow-ups from this service. Pain was assessed using a validated tool and appropriate pain relief was prescribed and nausea was assessed, monitored and treated accordingly.

Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents. The person in charge told inspectors that the nursing team supported by residents' GPs had developed their practice to include care procedures that would prevent unnecessary

hospital admissions. She stated that discussion and planning for the end stage of life had prevented unnecessary transfers of residents to the acute hospital and allowed them to die with dignity in the centre. Families that spoke to the inspector were very complimentary in relation to this care and wanted their relatives to stay in the centre.

Overall the inspector found that care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy.

**Judgment:**  
Compliant

***Outcome 15: Food and Nutrition***  
***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. There was good access to dietetic services and the services of the speech and language therapist. Files reviewed by the inspectors confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and speech and language therapist

Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. All special diets were catered for and meals were presented in an attractive and appetising manner.

Mealtimes in the dining room was observed by inspectors to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy.

Plenty of drinks were available for residents throughout the day with tea/coffee rounds morning and afternoon and trays with drinks, fruit and snacks available in the day rooms.

**Judgment:**  
Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. Inspectors observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the residents privacy. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited weekly and some residents told the inspectors how important this was to them.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and that there were plenty areas in the centre to visit in private if they wished to. They said that if they any

concerns they could identify them to the person in charge or ADON and were assured they would be resolved.

Residents had access to the daily newspaper and several residents were observed enjoying the paper both mornings of inspection. Residents had access to radio, television, and information on local events as well as a library which had a large selection of books which catered for young visitors too.

There was an active residents' committee which met regularly. Minutes from these meetings demonstrated that there was good attendances at the meetings and a variety of topics were discussed. One resident spoke of her involvement in the committee to the inspector and said she found it useful forum to have their say in the running of the centre. There was evidence that residents with dementia were consulted with and actively participated in the committee.

There was a varied and interesting programme of activities available to residents which included art therapy, bingo, music, sing-songs, exercise fit for life sessions religious activities and other more individualised activities. Residents and relatives told the inspector how much they enjoyed the activities. Residents art was framed and displayed throughout the centre. The winter garden provided gardening opportunities all year round and residents stated how much they enjoyed to relax in there. The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines.

The inspector saw minutes of meetings of the residents' committee which is held on a regular basis. The last meeting was held on the 01 November 2016. The committee offers residents the opportunity to participate and engage in the running of the centre; residents made detailed suggestions about the mealtimes, activities and religious practices. Residents spoken with were complimentary about the residents' committee and felt that their issues and suggestions were taken seriously by the person in charge and by staff. There was evidence that all issues identified by residents were followed up and actioned and feedback on same given to the residents.

**Judgment:**

Compliant

***Outcome 17: Residents' clothing and personal property and possessions  
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.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

There was a centre-specific policy on residents' personal property and possessions and in the sample of residents' records that were reviewed by the inspector there were inventory's in place of individual resident's clothing and personal items.

Laundry facilities are on-site, they were maintained in good order and appropriate arrangements were in place for the regular laundering of linen and clothing and procedures were in place for the safe return of residents' personal clothing items. The staff member with the primary responsibility for laundry was knowledgeable about appropriate procedures in regard to infection control. Residents and their relatives informed inspectors that clothing was well looked after.

The inspector noted that bedrooms were personalised and residents were facilitated to have their own items, such as furniture and pictures. Each resident had furniture in their bedrooms to store clothing and personal items in their own bedside cabinets and wardrobes. Locked storage was provided as required.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

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

**Theme:**

Workforce

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents.

Systems of communication were in place to support staff with providing safe and

appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling and safeguarding vulnerable persons. There was training being undertaken in the centre by an external trainer on the first day of the inspection. Other training provided included management of responsive behaviours, dementia specific training, infection control, end of life, continence promotion, food and nutrition, hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including male catheterization and wound care. The inspectors saw that other formal training courses had been booked and were scheduled for the coming months.

The human resource policy was centre-specific and included details for the recruitment, selection and vetting of staff. A number of staff were interviewed regarding their recruitment, induction, and ongoing professional development. A review of staff records showed that staff were recruited and inducted in accordance with best practice. The person in charge informed the inspector that they had really tightened up on their recruitment process and no staff commenced employment until satisfactory Gardaí vetting, references and all the requirements of schedule 2 of the regulations had been attained. The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

The inspector reviewed staffing rotas, staffing levels and skill mix and was satisfied that there were sufficient staff on duty during the day to meet the needs of the current residents. However the inspector was not satisfied that there was sufficient staff in the evening time taking into account the size and layout of the building over two floors. Staffing levels in the evening required review in that there were only three staff on duty for 41 residents from 18.00 until 08.00 the following morning. The evening can be a particularly busy time with visitors in, residents wanting to go to bed that require the assistance of two staff and the night staff having to administer the night time medications. Relatives identified that often times they would have to wait for a staff member to let them in or out of the building.

The person in charge and ADON conducted annual staff performance appraisals as part of her staff supervision and to develop staff skills. Records of regular staff meetings were viewed by the inspector.

**Judgment:**  
Non Compliant - Moderate

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Caroline Connelly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

Centre name:	Corbally House Nursing Home
Centre ID:	OSV-0000414
Date of inspection:	08/11/2016
Date of response:	22/12/2016

### Requirements

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

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

### Outcome 01: Statement of Purpose

#### Theme:

Governance, Leadership and Management

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

On the day of the inspection the statement of purpose and function did not describe the aims, objectives and ethos of the centre, nor did it include the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 and the arrangements for the management of the centre in the absence of the person in charge.

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

**1. Action Required:**

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The statement of purpose and function has been updated and now contains all the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Proposed Timescale: Done Now

**Proposed Timescale: 22/12/2016**

**Outcome 02: Governance and Management****Theme:**

Governance, Leadership and Management

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

There was no annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

**2. Action Required:**

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

We will prepare an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Proposed Timescale: Done Now

**Proposed Timescale: 22/12/2016**

**Outcome 09: Medication Management****Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Medications were supplied and administered from a monitored dosage system however there was no references or resources readily available for the nurse to confirm prescribed medication in the compliance aid such as a physical description of the medication or a colour photograph of the medication as is required by An Bord Altranais and Cnámhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). In the event of needing to withhold or replace a medication that was dropped.

**3. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

We will ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Proposed Timescale: Done Now

**Proposed Timescale: 22/12/2016**

**Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

The complaints policy differentiated between verbal and complaints of a significant nature, directing that verbal complaints to be just documented in residents records. This is contrary to the requirements of legislation which states that complaints are properly recorded and that such records are in addition to and distinct from a resident's individual care plan.

**4. Action Required:**

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

All complaints will be logged in our complaints book. All complaints or concerns will be investigated within 24 hours of receipt by the PIC. We shall ensure that all complaint or

concerns and the results of any investigations are properly recorded and that such records shall be in addition to and distinct from a resident's individual Care Plan.

Proposed Timescale: Now in Process

**Proposed Timescale: 22/12/2016**

### **Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Staffing levels in the evening required review to ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**5. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

We will ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of our nursing home.

Proposed Timescale: Done Now

**Proposed Timescale: 22/12/2016**