

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Coral Haven Residential Nursing Home
<b>Centre ID:</b>	OSV-0000331
<b>Centre address:</b>	Ballinfoyle, Headford Road, Galway.
<b>Telephone number:</b>	091 76 2800
<b>Email address:</b>	accounts@coralhaven.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Coral Haven Residential Nursing Home
<b>Provider Nominee:</b>	John Minihan
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	Mary McCann
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	56
<b>Number of vacancies on the date of inspection:</b>	4

## **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 1 day(s).

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

From: 16 November 2017 09:00 To: 16 November 2017 17:30

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	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially 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	Compliant

**Summary of findings from this inspection**

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre. Coral Haven Nursing Home is a modern purpose built three storey building that can accommodate 60 residents who need long-term, respite, convalescent or end of life care. It is situated on the Galway to Headford road and is a five minute drive from the city. The

centre is divided into four units. The Claddagh wing is on the ground floor, the Bayview unit on the first floor and the Castlevue and Fountain units are on the second floor. Accommodation for residents is provided in 52 single rooms and four double rooms. There are 37 rooms with full ensuite facilities of shower, wash hand basin and toilet. The remaining 16 rooms located in the Fountain unit have ensuite facilities that have wash hand basins and toilets. There is an accessible shower and a separate bathroom available to meet the personal care needs of residents here. The centre provides a comfortable and homelike environment for residents. At the entrance there is a reception/office area where staff are accessible to residents and visitors throughout the day. There are communal sitting and dining rooms on each floor that give residents a choice of where to spend their time.

There are safe outdoor areas available and these areas had been made interesting for residents by the addition of water features, window boxes and bird cages. The areas were level and provided with seating. The premises were noted to be clean, warm and maintained in good decorative condition. There were dementia friendly design features that contributed to quality of life and improved accessibility for people with dementia. These included wide hallways that were unobstructed, clear and meaningful signage both for residents' bedrooms and communal areas and contrast in colours used for decoration that made walls, floors and handrails easy to distinguish.

The person in charge who was appointed to this role in July 2016 fulfilled the criteria required by the regulations in terms of her qualifications and experience. Residents confirmed that they were well cared for and said that staff were readily available when they needed assistance. There was a varied activity programme that included music sessions, pet therapy events, outings, exercise groups and quizzes. It was reviewed and changed in response to the views of residents and the changing needs of residents. The standard of catering was described by residents as very good. Food was noted to be attractively presented and meal times were well organized with plenty of time allowed for social interaction.

Residents and relatives confirmed that they were provided with information about the centre before they moved in and said that staff completed assessments to establish care needs prior to admission. Feedback on the service was provided by residents and relatives during conversations with the inspectors and in feedback questionnaires. Residents said that they had choices about how they spent their days, what activities they took part in and where they wished to spend their time. They said they could choose when they got up and went to bed and several residents said that they had made good friends in the centre and visited each other regularly. Staff could describe residents' daily routines, the activities they preferred and their likes and dislikes. Residents and relatives said that staff were accessible and attended to their needs promptly. They also said that they knew how to make a complaint and conveyed that concerns or worries they had were addressed by staff when brought to their attention.

Residents had good access to general practitioner, primary care services and to allied health professionals that included speech and language therapists, dieticians and physiotherapists. The pharmacist provided advice and guidance on medication

matters as well as supplying medication. A good working relationship had been established with specialist services such as the team for old age psychiatry. Care plans outlined health and social care needs and were based on a range of evidence based assessments. The inspectors found that the standard of care planning was generally good, care plans reflected the needs of residents accurately and also reflected the health needs being addressed by doctors and managed by medication. Residents with dementia were noted to be well supported by staff who were familiar with their abilities as well as their needs for support. There was an appropriate staff allocation provided to meet the needs of residents on each floor.

The governance arrangements were found to be satisfactory and ensured that care was provided to residents in a way that met good practice standards. The centre was taken over by a new provider organisation in December 2016. The provider representative visited the centre once a week to meet with staff and residents. There was a weekly report provided by the person in charge to ensure that he was up to date with changes and developments in the centre.

The last inspection of the centre was an unannounced monitoring inspection completed on 26 January 2016. Standards of care were found to reflect good practice standards and there was a varied programme of social activities. There were five action plans identified for attention and these were reviewed during this inspection. Three actions were complete and two were in progress. Further work was needed on complaints records to ensure that satisfaction with the outcome and information on the appeals process was consistently recorded and a small number of responsive behavior care plans did not convey trigger factors to enable staff to prevent further episode.

The action plan at the end of this report describes the areas of non compliance which were assessed to be in the substantially compliant category. Some of the areas where improvements were needed included the contract documentation to ensure that all additional charges were clear, the record of complaints where satisfaction with the outcome was not always evident and reviews of care plans did not fully describe changes or progress since the previous review. These improvements are required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**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 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 was a statement of purpose that had been updated on 1 August 2017 that described the service provided in the centre. A copy was available in the centre and been forwarded to HIQA with the registration renewal application.

The inspectors found that a minor amendment was needed. While all the rooms and sizes were outlined, the rooms that have full and partial ensuite facilities required identification as did the bathroom and shower facilities available for residents who do not have full ensuites.

**Judgment:**

Substantially Compliant

***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 governance arrangements in place reflected the information supplied in the Statement of Purpose. The provider representative, person in charge and clinical nurse managers have an established structure for the operation and management of the centre. Staff who had responsibility for various aspects of the service had established a good communication network and the provider representative and all staff participating in the management were found to be well informed on all aspects of the service.

The inspectors found sufficient resources were in place to ensure that the delivery of care and the business of the centre met appropriate standards of quality and safety. Systems were in place to ensure that the service provided met residents' needs, was safe, effectively managed and monitored. The health and safety arrangements were found to be satisfactory with good standards of cleanliness and hygiene in place, care practice was found to be of a high standard and staff were observed to work safely and adhere to safe practice when undertaking varied procedures.

There were adequate resources available to meet the needs of residents in relation to staff, staff training, equipment and ancillary services to ensure appropriate care was delivered to residents.

There was an ongoing plan for refurbishment and redecoration and all areas viewed were found to be in good condition, decorated to a high standard and attractively furnished. There was a plan for future work that included more maintenance of the outside areas.

The quality of care and experience of residents was reviewed regularly. There were two ways that residents could convey their views on the service. There were regular residents' meetings and direct feedback to staff and to the provider representative who was in the centre one day a week. Residents told the inspector that said they were free to discuss any matter during meetings and said that staff were interested in their views. Residents said that they talked to staff regularly about their care and in feedback forms residents said they had no problem raising issues if they wanted changes made.

An annual report in accordance with regulation 23-had been completed for 2016. This described the range of audit activity completed and an overview of admission and discharge activity. There had been 27 admissions, 13 discharges and 13 deaths during the year. There were audits completed to assess how the service met good practice standards. Areas for improvement were highlighted to staff to ensure that required improvements were made. For example, cleaning deficits were highlighted to ensure that dusting of rooms was adequate and trailing cables were attended to as they had been identified as a risk. Improvements to the facilities for residents with dementia such as signage, the memory tree and coloured crockery had all had a positive impact and further initiatives were planned to further improve the service.

**Judgment:**

Compliant

***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:**

There was a residents' guide available and this contained the information required by the regulations. The arrangements for visits, the terms and conditions of occupancy, the services provided and the complaints procedure were outlined. Residents confirmed that they had received a range of information at the time of admission and some said that information had been supplied to family members as they found it difficult to understand the paperwork. Relatives who provided feedback said that they were informed about the services and facilities prior to admission and had been able to visit the centre, view the layout including bedrooms and talk to staff before their relative was admitted.

Residents accommodated had an agreed written contract. The contracts issued included details of the services to be provided and charges for most other services were described. However, there were occasional services such as specialist assessments that were not clearly detailed and the inspectors formed the view that any service that incurred an extra charge should be described in the list of charges.

**Judgment:**

Substantially 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 has worked in the centre since 2009 and was appointed person in charge July 2016. The inspectors found that she provided good leadership to the staff team and ensured that the centre operated safely and met the needs of residents.

The person in charge has a full time role. She is a general nurse and has kept her competence updated by completing training on various topics that include management, dementia care, wound care and nutrition. She had also completed training on

safeguarding, moving and handling and fire safety during 2016 and 2017.

She is supported by two clinical nurse managers in the role of persons participating in management. There was confirmation that they had completed training on the mandatory topics of moving and handling, fire safety and the prevention and detection of abuse. They had also completed training on wound care, dementia care, infection control, medicines management and nutrition. One of the PPIMs was on duty and assisted with the inspection. She was familiar with residents' lifestyles, the regulations and standards and residents' care needs. She answered the inspectors queries competently and provided requested information promptly.

Residents confirmed to the inspectors that they knew the person in charge and said that they talked to her most days and would always be able to talk to her if they had problems or queries.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a well-organised administration system in place to support the business of the centre including the maintenance of the required records, policies and procedures. Records were maintained in a secure manner and were easily accessible.

The directory of residents was up to date and included the information required by schedule 3 of the regulations. There was a record of visitors to the centre and this was up to date and visitors were observed to sign this when they arrived and departed.

A sample of staff files were reviewed and were found to have all the required information. There was a record of the training that staff had completed and the required vetting clearances had been obtained for staff the provider and person in charge confirmed.

The inspectors found that care records for residents that had responsive behaviours were in a small number of cases not completed in a manner that adequately informed staff practice. Some records did not describe trigger factors for behaviours that occurred which if known to staff could prevent further episodes.

**Judgment:**

Substantially 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:**

Any absence of the person in charge is covered by the nurses that are identified persons that participate in management. There were no absences that required notification under regulation 32.

**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:**

There were measures in place to ensure that residents were protected from harm and did not suffer abuse. The inspectors were satisfied that there were procedures in place that ensured residents were safe and had appropriate care. Residents' and relatives'

feedback forms indicated that they felt the centre provided a home that was safe, secure and protected them from harm. Residents told an inspector that the staff are readily available, respond to call bells quickly and were always gentle and kind in manner. During conversations residents said that they felt safe and said this was because they knew all the staff, that they felt well cared for and listened to when they had worries or concerns. Residents also said they knew the owner and talked to him during his regular visits. Almost a third of residents had dementia and their care was found to be assessed and planned in accordance with evidenced based practice.

Staff conveyed detailed knowledge about residents' abilities and where they had difficulties. They had recorded personal information about their backgrounds and lifestyles to guide their practice. Where residents displayed behaviours associated with dementia there were care plans and care interventions in place to guide practice. An action plan in the last report where care plans did not adequately guide staff had been addressed. While practice was noted to reflect an evidenced based approach there were some behaviour records that were not fully comprehensive. Records did not always describe trigger factors to enable staff to be alert to these and prevent further behaviour episodes. This is outlined for attention in outcome 5- Documentation to be kept at the designated centre.

There was a visitors' record that enabled staff to monitor the movement of persons in and out of the building which also contributed to protecting the safety and security of residents. This was noted to be signed by visitors entering and leaving the building. There was a reception /office area where staff completed administration duties and dealt with telephone calls. Staff in the area could see when visitors or others on business came in and went out.

All the staff team had received training in adult protection and elder abuse to ensure they could safeguard residents appropriately and protect them from harm and abuse. Staff knew the range of abuse that can occur and could describe how they would report an abuse allegation or event. They could describe how to investigate such an event and how to provide support to a resident in an abuse situation. Relatives said that staff informed them promptly of any falls, injuries or changes in health needs that residents sustained.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm and not restricted inappropriately. Staff had been largely successfully in achieving a restraint free environment and had reduced the number of bedrails in use to three. Staff said that they worked to ensure that residents could be cared for safely without resort to restraint measures.

**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 health and safety of residents, visitors and staff was managed well in most aspects in this centre. There was a risk management policy available to guide staff practice and a safety statement dated 6 November 2017. There were risk assessments for a range of clinical, business and management risks with control measures to minimise hazard areas identified. There were procedures for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Clinical risk assessments were undertaken for various risks that included vulnerability to falls, compromised nutrition and skin and pressure area risks. There were measures in place to prevent further risk and to detect change. For example when unwitnessed falls occurred neurological observations were completed to monitor neurological function and to detect changes expediently so that further deterioration could be prevented. Where there was a high falls risk identified measures such as hip protectors and low low beds were put in place to maintain safety. Accidents and incidents were recorded and the details recorded included factual details of the accident/incident, date the event occurred and care provided. Feedback from relatives conveyed that they were informed promptly of incidents.

The inspectors reviewed practice in relation to varied health and safety processes. Day to day practice in relation to infection control, moving and handling manoeuvres and cleaning procedures was observed to determine how the safety procedures in place worked in practice. Staff were observed to keep to good practice standards in relation to infection control. Laundry moved from bedrooms to the laundry area was safely managed. Staff were observed to wash their hands frequently and to use hand gels regularly as they moved around the centre. Staff the inspectors spoke to had appropriate knowledge on hand hygiene and the infection control measures in place. Training on this topic was provided regularly.

There was good emphasis on promoting independence and staff were observed to encourage residents to be independent and to walk even for short distances and also to undertake personal care tasks such as washing and dressing independently as far as possible. There was equipment available to support mobility and all residents had their own walking aids which had been assessed appropriate for their needs. There were moving and handling assessments available for residents with mobility problems. All staff had up to date training in moving and handling and in the use of hoists.

The inspectors viewed the fire training records and found that staff had received fire safety training during 2017 and this was confirmed by staff. Staff spoken to knew what to do in the event of a fire. There were fire safety action signs on display throughout the building with route maps to indicate the nearest fire exit. Fire drills and fire training exercises were completed regularly and recorded. The inspectors saw that the most

recent fire drills were completed on 24 October and 7 November. The records completed following these exercises required review. While the duration of the exercise and the staff who had attended were recorded there was no information on the type of exercise undertaken or any problems encountered to inform future fire drills. Eleven staff had been trained to fire warden standard. The inspectors noted that there were no fire blankets on the upper floor and concluded this should be reviewed.

Fire records showed that fire safety and fire fighting equipment had been regularly serviced. Documentation confirmed that the fire alarm was serviced quarterly and the fire extinguishers serviced annually on a contract basis. The inspectors found that all fire exits were clear and unobstructed during the inspection. There were procedures to undertake and record checks of fire exits, the fire panel and fire escape routes. Information and a procedure to guide staff in an emergency had been compiled and personal evacuation plans had been compiled for each resident.

The provider has contracts in place for the regular servicing of all equipment and the inspectors viewed records that confirmed that equipment was regularly serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs and were serviced in March 2017. The lift was serviced in August 2017 and the next service date was scheduled for later in November.

There were a sufficient number of cleaning staff available daily to ensure all areas were maintained in a clean condition. Separate sluice and cleaning areas were provided. The inspector observed safe working practices and saw that cleaning products and materials were not left unattended.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The medicines management arrangements met the requirements of legislation. There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. An inspector reviewed this outcome with two staff nurses. They conveyed good knowledge of all residents' medicines and specialist requirements in relation to administration. Medicines that had to be crushed to help residents take them were prescribed to be given in this way and were highlighted to remind staff of this on the administration records. Medicines were observed to be administered safely in

accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. The medicine administration sheets viewed were signed by nurses at the time of administration. The records included the required information for safe practice such as the resident's name and address, date of birth, general practitioner and a photograph of the resident. The General Practitioner's signature was present for all medicines prescribed. On reviewing the administration record the inspector found that staff had measures in place that ensured safety and prevented errors. Medicines to be given periodically such as weekly were highlighted and liquid preparations were dated when opened.

There was evidence of pharmacy input to support safe medicine management practice. There was a record of medicines to be returned to the pharmacy if unused and this record was checked with the pharmacist.

Medicines that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs as required and the stock balance was checked by two nurses at each shift change. The records of these checks was noted to be up to date.

**Judgment:**

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 inspectors reviewed the record of incidents and accidents that had occurred in the centre and cross referenced these with the notifications provided to HIQA. The centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

The information supplied conveyed that the actions taken by staff following incidents were appropriate to ensure the well being of residents.

**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):**

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

**Findings:**

There were 56 residents accommodated during the inspection. Many residents were noted to have a range of medical care issues and over a third of residents had a diagnosis of dementia, cognitive impairment or Alzheimer's disease. Health and social care needs were met to a high standard. Residents with dementia were supported to have a good quality of life and activities and the premises were organized to ensure their needs were met in a meaningful way.

All residents had a care plan that was updated when care needs changed and that was reviewed at the required four month intervals. The inspectors saw documentation that confirmed the centre sought a range of information prior to admission to ensure the centre could meet the needs of prospective residents and that any specialist requirement could be organized prior to the admission date.

Comprehensive nursing assessments were carried out following admission and a range of evidenced based assessment tools were used to determine risk in relation to falls, vulnerability to the development of pressure sores and malnutrition. The range of risk assessments completed were used to develop care plans and these were found to convey care needs and the interventions required from staff to ensure appropriate care was delivered. The inspectors found that a person-centred approach to the delivery of care had been adopted. For example, resident's preferred names were known to staff and their hobbies, occupations and lifestyles were used to develop signs for their rooms and to identify suitable activities. When care plans were updated there was evidence of consultation with residents or their families. Relatives' feedback indicated that they had been informed about care plans at the time of admission and at intervals throughout the year. The inspectors found that care plans had been updated following periods of illness, when reviews indicated new problems, when infections were present, following falls, respiratory or other infections and when there was need for specialist equipment. However, the four monthly reviews required improvement as progress or response to care interventions since the previous review was not always described.

There were preventative measures in place to ensure that areas of clinical risk were monitored. All residents had a monthly weight check as well as a check of blood pressure, temperature and respiratory function. The monthly records of weight were reviewed and staff said that a referral for specialist advice would be made if weight

changes upwards or downwards persisted or were a cause of concern. Two residents were being monitored due to low weights.

A range of suitable equipment was provided to ensure appropriate pressure relief and to support residents' comfort and the inspectors saw that air mattresses were set at appropriate pressures for the weight of the residents and that suitable pressure relieving cushions were available for residents' chairs during the day. Care staff were observed to prompt residents to walk around and to accompany them when they needed assistance. The inspectors saw that when residents had wounds these were monitored and treated in accordance with best practice. One resident who had a wound on admission had been reviewed regularly by a dietician and by a tissue viability specialist.

Care plans and daily records confirmed that residents were supported with the activities of daily living where needed and were encouraged to remain independent and continue to dress themselves, attend to their personal care needs where possible. Assessments of dementia care needs included information on what residents could do for themselves, who they recognised and what activities they enjoyed. The inspectors noted that there were positive outcomes for residents as they were observed to engage well in organised activity and appeared relaxed and content. There was an activity schedule and activities were noted to be meaningful and absorbing.

Residents had access to GP primary care services and allied health professionals. There was information that conveyed that medical reviews were completed shortly after admission, to review medication and health needs. Allied health professionals that included speech and language therapists, dieticians, physiotherapists and occupational therapists were accessible when required.

Residents had specialist care needs such as mental health problems were assessed and reviewed by staff from the mental health services for older people. Medication was reviewed to ensure optimum therapeutic levels to promote residents' well being. There were procedures in place to ensure that when residents were transferred or discharged from the centre, relevant and appropriate information about their care and treatment was made available and shared between services. The inspectors saw that staff provided details on general health, factors that prompted the transfer or review and medication when residents were for example sent for review following a change in health.

There were adequate staff on duty to ensure that residents were supervised and supported according to their needs. The inspectors saw that help was provided at meal times in a way that ensured residents had relaxed and sociable meal time experiences. There were choices provided and residents were able to select an alternative if they did not wish to have a full meal. Nutrition needs were assessed and there were supplements provided where additional nutrition was needed.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the centre was suitable for the purpose of providing care to dependent persons and the facilities were found to meet residents' individual and collective needs in a comfortable and home like manner. The premises had a number of features that ensured the varied needs of residents were met appropriately. The building was well maintained, warm, decorated in a comfortable home like style and was visually clean. It is organised over three floors. The Claddagh unit is on the ground floor. The Bayview unit is on the second floor and the Castleview and Fountain units are on the top floor. There is a shaft lift and stair access to the upper floors. All units have dining and sitting rooms suitable in size to meet the needs of residents who live on that floor.

Residents were free to move around the centre and many spent time in areas other than the floor they lived on. The communal sitting areas were noted to be well used during the day. The inspectors saw that there was a high standard of decoration and equipment and furnishings was in good condition throughout. Hallways, bathrooms and toilets had handrails to support people with mobility problems. There was a range of specialist equipment such as hoists and specialist beds available. These were regularly serviced to ensure their ongoing efficiency and safety.

Bedroom accommodation comprises of 52 single and four double bedrooms. All but 16 rooms in the Fountain unit have full ensuite facilities of shower, toilet and wash handbasin. The bedrooms in the Fountain unit have partial ensuite facilities of toilets and wash handbasins. There are two showers /bathrooms available to meet the needs of these residents. Bedrooms were noted to be well proportioned and equipped to meet the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed. Suitable lighting was provided including over bed lighting. Residents that the inspector talked to described their rooms as comfortable and said that the centre was always kept clean and tidy. There are toilets located close to communal rooms for residents' convenience There are safe secure outdoor spaces that are accessible to residents.

In the Fountain unit where the majority of residents have dementia or a dementia related illness the inspector saw that modifications to help residents orientate to their environment were in place. The layout was circular and this enabled residents to walk

around safely and freely. The hallways had several windows and residents were able to see the courtyard garden, the window boxes and the bird cage easily.

Staff facilitates were provided. Separate toilet facilities were provided for care and catering staff in the interest of 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):**

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

**Findings:**

There was a complaints process in place and a record that contained the relevant information about complaints was maintained. Staff said that they addressed issues of concern immediately as far as possible. The record and feedback from relatives and residents provided to HIQA confirmed that concerns were addressed promptly.

The complaints procedure identified the nominated person to investigate complaints and the appeals process. There were clear timelines for responding and investigating complaints. Residents and relatives that inspectors talked to said they were aware of the process and said that they would approach any of the staff or the person in charge if they had an issue of concern.

An action plan in the last report required that the record of complaints outlined the complainants' satisfaction with the outcome. This had been partially addressed and continued to need improvement. The inspectors found only some records contained this information. There was also a lack of information on information provided about the appeals' process if complainants were not satisfied.

**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:**

There was an end-of-life care policy that described the procedures related to end of life care. The policy of the centre is that all residents are for resuscitation unless clinical decisions have been made that indicate otherwise and all such decisions were documented.

Resident's end-of-life care preferences, personal or spiritual wishes were recorded where possible and where residents and families wished to discuss this aspect of care. Residents were supported to remain in the centre at end of life if this was their wish. Staff were supported to provide appropriate care and pain relief by doctors and members of palliative care services.

Relatives were encouraged to remain with residents and there were arrangements made to facilitate them to stay overnight and to ensure their comfort.

**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:**

The inspectors found that residents were provided with a varied and balanced diet that met their nutritional needs and preferences met best practice standards. There were systems in place for assessing, reviewing and monitoring residents' nutrition to ensure problems were detected and addressed. Residents' food preferences were identified, catering staff were informed about specialist needs and the menu choices and food were discussed at residents' meetings. There were colour coded diet sheets to indicate specialist dietary needs. Catering staff could describe specific food likes and dislikes and where specialist diets were required.

The care and catering staff were enthusiastic about their roles and told the inspectors about the way menus were organised and the priority that food had for residents' well being. Preparations had already been made for the Christmas menus. There was an emphasis on home cooking and all desserts and cakes were made by the chef.

Residents said they were very pleased with the variety of food and the way food was served. They said that they were offered alternatives when they were unable to eat a full meal or did not like the choices on a particular day. The menu choices available were observed at lunch time and included chicken korma and fish pie.

The inspector observed that food was attractively presented and served in portion sizes that meet residents' choices. There were snacks and drinks available throughout the day and the inspectors were told that residents were offered a range of nourishing drinks, sandwiches and breads at supper time to ensure sufficient calorific intake, particularly where residents required fortified diets.

Residents who needed assistance were supported by staff who sat by them and chatted as they prompted them to manage independently or actively assisted where needed. The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and made available to catering and care staff. In the Fountain unit the inspector saw that brightly coloured plates that contrasted with table clothes were used to help residents who had orientation or visual problems. Dining rooms on all floor were well organised and attractively furnished. Tables had good space between them to enable residents using wheelchairs or mobility aids move around freely and sit in comfort.

Nutritional risk assessments were completed and care plans were available to guide staff where residents were at risk of compromised nutrition. There was access to allied health professional advice for residents and the recommendations were outlined in care plans and noted to be followed by both catering and care staff at meal times. All residents were weighed regularly and those at risk were reviewed on a more frequent basis.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

The inspectors found that residents were treated with dignity and respect and that there were good relationships between residents and staff. There was information in care records that described communication capacity and obstacles to communicating effectively such as difficulty hearing, vision problems or cognitive impairment. The inspector observed that staff engaged and acknowledged residents when they met, when they entered and left rooms and during times when care was in progress. Contacts were noted to be cheerful, pleasant and respectful with plenty of general conversation in evidence.

Residents who had dementia were noted to be well supported and staff could describe to the inspector how they helped residents orientate to their environment and participate in day to day life to their maximum ability. They described giving residents' information clearly, ensuring they gave them time to respond to questions and speaking slowly as essential to ensuring maximum responses. There was good emphasis on person centred care and staff had compiled a good knowledge base on residents' previous lifestyles, occupations and interests. This knowledge was used in a meaningful way to compile signage for rooms, to plan activities and new development. An action plan in the last report that identified that activities and the use of some areas such as the oratory did not meet all residents' needs. This had been addressed. The oratory was no longer used for activities and was available when residents wished to use it for quiet periods or to pray.

There was a range of social activity and this had been expanded since the last inspection. The inspectors found that social care options were varied and available daily. Music sessions and particularly old time music and singing were very popular. The visit of the "pet farm" was also eagerly anticipated and the inspectors were told that the opportunities for trips out had increased. A recent trip to Knock had been very successful residents said and they were looking forward to the next outing. Residents records reviewed conveyed that residents' social needs had assessed and their interests recorded. Care staff were noted to engage in one to one activity with residents who could not take part in a group activity and this was noted to be a regular aspect of care interventions. Residents had access to television, radio and local and national newspapers. There were alternative communication systems in use where residents had problems with communication or sensory problems. Staff said that these had proved useful as a way of helping residents convey their views and choices.

There were arrangements in place for consultation with residents on the operation of the service and the records of meetings confirmed that residents' views were respected and their suggestions listened to and considered when changes were made. For example trips out for tea and coffee had been changed from Fridays to earlier in the week as Fridays were usually very busy. Menu choices were also and residents on the ground floor had chosen to have their supper later at 20.30 hours as it suited them better. There was an established system for keeping in touch and consulting with residents' families.

Residents confirmed that they could follow their religious beliefs and said that they could

attend mass weekly and have priests or ministers visit them in the centre. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections.

Visitors were welcomed throughout the day and there were no restrictions on visits. The inspectors saw that visitors were welcomed at varied times.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents had adequate storage space for their belongings and many had personal possessions such as photographs, ornaments and pictures displayed in their rooms. There was a lockable space in all rooms.

There was a system in place to ensure clothes were labelled to prevent loss. The inspectors observed that residents' clothes were well cared for, ironed and placed neatly in wardrobes.

The centre's staff were not agents for any pensions. Some money was held in safekeeping for residents. This money was kept separately each resident and a record of all transactions and the balance was completed.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

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

**Regulations 2013 are held in respect of each staff member.**

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that there was an adequate complement of nursing, care and ancillary staff on duty during the day and at night to meet the needs of residents. The pic and ppim told inspectors that staff allocations were reviewed regularly in the context of residents' care needs and the three floor layout of the building. There was a carer allocated to the ground floor- Claddagh unit where 10 residents who were largely independent lived. This carer was supported by a "float" carer when needed. There was a nurse and two carers allocated to the second floor- the Bayview unit that accommodated 18 residents. On the top floor there were two nurses and three carers allocated to the Castlevue and Fountain unit. The pic and ppim were on duty in addition to these staff. The care team was supported by an activity coordinator, catering, cleaning, laundry and administrative staff.

Staff had the appropriate skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. All staff were well informed about residents personal and health care needs and were observed to carry out their duties efficiently. They conveyed enthusiasm about their roles and the care of dependent people and treated residents with respect and courtesy the inspectors observed. Staff displayed positive attitudes towards the care of people with dementia and had made themselves familiar with their backgrounds, lifestyles and sensory problems so that they could communicate effectively with them. They were enthusiastic about initiatives such as the pet farm and the birds in the garden on the top floor as these provided interest and prompted memories for many people.

There was a policy for the recruitment, selection and vetting of staff. This was reflected in practice and evidence was available in the staff files reviewed. Interviews were conducted for all posts, there was a formal process that underpinned interviews and references. There were full employment records and vetting disclosures available for all staff the person in charge confirmed. There are 16 nurses employed and confirmation of their registration for 2017 was available.

There was a training record available that conveyed that staff had access to ongoing mandatory training and refresher training as required by the regulations. Training on adult protection, safeguarding and moving and handling had been completed during 2017. Further sessions of safeguarding and fire training were scheduled before the end of the year. Staff had also attended training on infection control, nutrition and dementia care.

There is a staff support system in place and staff meetings are held every two months. The records viewed conveyed that matters related to care, contact with family members

and the environment were some of the topics discussed.

**Judgment:**  
Compliant

### **Closing the Visit**

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

#### **Acknowledgements**

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

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

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	Coral Haven Residential Nursing Home
<b>Centre ID:</b>	OSV-0000331
<b>Date of inspection:</b>	16/11/2017
<b>Date of response:</b>	15/12/2017

### 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:

The statement of purpose required review to outline the bedrooms with full and partial ensuite facilities. The bath and shower facilities available for residents who do not have full ensuites also need to be described.

#### 1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

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:**

Please find amended page on the Fountain Wing from the Statement of Purpose attached.

Wording is now:

The Fountain Wing is our dedicated area for high dependency residents. This area has 16 single partial ensuite bedrooms (toilet and wash hand basin), 2 assisted bathrooms with bath and shower facilities, a dementia friendly toilet, a compact care unit, a central dayroom, dining room and an enclosed garden area with water feature. Interspersed along the corridors we have lovely seating areas with lots of natural light and a calming decor, for the residents to relax or meet with families and friends.

**Proposed Timescale:** 15/12/2017

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

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

The contract documentation required review so that any service that incurred an extra charge was described.

**2. Action Required:**

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

All new Contracts of care have been amended and existing contracts are currently being updated.

**Proposed Timescale:** 01/03/2018

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

**Theme:**

Governance, Leadership and Management

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

Care records for residents that had responsive behaviours were in a small number of cases not completed in a manner that adequately informed staff practice. Some records did not describe trigger factors for behaviours that occurred which if known to staff

could prevent further episodes.

**3. Action Required:**

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

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

We will review and ensure all care plans for our residents with responsive behaviours are completed in a manner that adequately inform the staff of any trigger factors for behaviours in order to reduce the risk of further episodes.

**Proposed Timescale:** 15/01/2018

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

Records of fire drills required improvement as they did not outline the exercise undertaken or any problems encountered to inform future drills and guide staff on how to manage problems encountered.

**4. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Future Fire Drills will be given greater detail to the type of exercise undertaken and any problems identified for future fire drills.

A new Fire/Evacuation Drill Record has been implemented and will be used in a forthcoming "Annual Fire Safety and Evacuation Training" session on the 18th December 2017.

This new format will record the date, nature of drill, persons taking part, evacuation time, zones evacuated, details of drill/ evacuation e.g. were hoists, wheelchairs used and all necessary information relevant to the drill.

Copy of Fire/ Evacuation Drill Record attached.

**Proposed Timescale:** 01/01/2018

**Theme:**

Safe care and support

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

Fire blankets were not available on the upper floor to assist staff in a fire situation.

**5. Action Required:**

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

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

Ski Pads and Albac Matts are available on all floors as well as Foam extinguishers. Fire Blankets are available in the Kitchen and Staff Canteen. An additional fire Blanket will be located on each floor.

**Proposed Timescale:** 15/01/2018

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

The four monthly reviews of residents care did not describe changes or responses to treatment since the previous review..

**6. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

The four-monthly review will describe changes or responses to treatment since the previous review.

**Proposed Timescale:** 26/01/2018

**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 records of complaints maintained did not always convey if the person making the complaint was satisfied with the outcome or if they had been informed of the appeals process.

**7. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

The record of complaints will clearly say that the person making the complaint is satisfied, if they are not satisfied they will be provided with information regarding the appeals process.

**Proposed Timescale:** 11/12/2017